



Lake~Sumter MPO

Title VI Complaint Form

Name	Daytime Phone (if available)	Evening Phone (if available)
Address (Street, P.O Box, Etc.)		City, State, Zip Code

Name of person(s) who discriminated against you, position (if known):

Please describe the event, occasion, place, etc. where the discrimination took place:

Date of alleged incident:

Discrimination on the basis of (please check):

Race
 Retaliation
 Sex
 Familial Status
 Religion
 Color
 National Origin
 Age
 Disability

Please briefly explain the incident that triggered a Title VI violation, including the nature of the event, who was involved and any other details necessary for an investigation. (NOTE: You may use the other side of this paper and/or attach a separate document.)

Signature	Date
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