

City of Edgewater Title VI Program Complaint of Discrimination		
Complainant(s) Name:	Complainant(s) Address:	
Complainant(s) Phone Number:		
Complainant(s) Email:		
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.):		
Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:		
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):		
Discrimination Because Of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Income <input type="checkbox"/> Family Status <input type="checkbox"/> Religion <input type="checkbox"/> Disability	Date of Alleged Discrimination:
Please list the name(s) and phone number(s) of any person, if known, that the City of Edgewater could contact for additional information to support or clarify your allegation(s).		
Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.		
Complainant(s) or Complainant(s) Representatives Signature:		Date of Signature:

Send completed form to:

Julie Christine, Human Resources Director

104 N. Riverside Drive
Edgewater, FL 32132

Phone: 386-424-2400

Email: jchristine@cityofedgewater.org