



**Section IV**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply.

Federal Agency

Federal Court                       State Agency

State Court                       Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any wirtten materials or other informatino that you think is relevant to your complaint.

Signature and date required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please file a completed Complaint Form at the following address:

LYNX

Amber Johnson, Title VI Coordinator

455 N. Garland Avenue

Orlando, Florida 32801

Or by email to [Title6officer@golynx.com](mailto:Title6officer@golynx.com)