Before completing this form, please read the LYNX Title VI Complaint Procedures located on the LYNX website at www.golynx.com or by visiting our office. The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at (407) 254-6117. Complaints must be filed within 180 calendar days after the date alleged discrimination occured.

one Work:	
Large Print TDD	Audio Tape Other
Yes*	No
Yes	No
apply): were discriminated aga	ainst. Describe all persons who
	Large Print TDD Yes* Yesa Yes

were involved. Include the name and contact infomration of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

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 submit this form in person at the address below, or mail this form to:

LYNX Desna Hunte, Title VI Coordinator 455 N. Garland Avenue Orlando, Florida 32801