

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 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