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 occurred.

**Section I:**

Name:
Address:
Telephone (Home): Telephone Work:
Electronic Mail Address:
Accessible Format Requirements? Large Print Audio Tape
TDD Other

**Section II:**

Are you filing this complaint on your own behalf? Yes* No
*If you answered "yes" to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are complaining:
Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):
[ ] Race [ ] Color [ ] National Origin
Date of Alleged Discrimination (Month, Day, Year):
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information 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.

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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 written materials or other information 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