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) 254-6171. Complaints must be filed within 180 calendar days after the date alleged discrimination occured.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone Work:	
Electronic Mail Address:		
Accessible Format Requirements?	Large Print TDD	Audio Tape Other
Section II:		
Are you filing this complain 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:		
Thease explain willy you have med for a tillia party.		
Please confirm that you have obtained the permission of the ag	grieved Yes	No
party if you are filing on behalf of a third party.	grieved res	140
Section III:		
I believe the discrimination I experienced was based on (check a	all that annly):	
[] Race [] Color [] National Origin	an that apply).	
Date of Alleged Discrimination (Month, Day, Year):		
	wa way wara disariminatad ag	ainst Dasariba all parsans who
Explain as clearly as possible what happened and why you belie		
were involved. Include the name and contact information of the		
names and contact information of any witnesses. Please includ	•	
of the allegations. Please also provide any other documentatio	n that is relevant to this comp	laint.

Section IV				
Have you filed this co	omplaint with any other Federal, State, or lo	ocal agency, or with any Federal or State court?		
[] Yes [] No				
If yes, check all that a	apply.			
[] Federal Agency				
[] Federal Court	[] State Agency			
[] State Court	[] Local Agency			
Please provide inform	nation about a contact person at the agency	y/court where the complaint was filed.		
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency com	plaint is against:			
Contact person:				
Title:				
Telephone number:				
You may attach any v Signature and date re	wirtten materials or other informatino that equired below.	you think is relevant to your complaint.		
Signature		Date		
Jigilatule		Date		
Please file a complete	ed Complaint Form at the following address	S:		
LYNX				
Amber Johnson, Title	VI Coordinator			
455 N. Garland Avenu	ue			
Orlando, Florida 3280	01			
Or by email to Title60	officer@golynx.com			