**Blueprint Intergovernmental Agency** Shelonda Meeks ADA and Title VI Coordinator 315 S. Calhoun St, Suite 450 Tallahassee, FL 32301 <u>Shelonda.Meeks@blueprintia.org</u> 850-219-1060 (p) 850-219-1098 (f) 7-1-1 (TDD & Voice), via Florida Relay Service

## **DISCRIMINATION GRIEVANCE FORM**

Complainant's Name		
Street Address		
City	State	ZIP Code
Telephone Number		
Home:	Other:	
Email Address:		

Person alleged to be the victim of discrimination, if different from above:

Name		
Street Address		
City	State	ZIP Code
Relationship:		

Person, event, facility or program alleged to have demonstrated discriminatory conduct:

Department or Division	
Department or Division Contest (if any)	
Department or Division Contact (if any)	
Phone number:	
none number.	

## Person alleged to have witnessed the discrimination, if applicable:

Name		
Street Address		
	r	
City	State	ZIP Code
Relationship:		

Basis of discrimination (check all that apply):

Race / Ethnicity	Religion
National Origin	Age
Color	Disability
Sex	Family Status

Has a complaint been filed with any other federal, state, or local agency or with any federal or state court? \_\_\_\_\_Yes \_\_\_\_No

Federal Agency or Court	Contact
Telephone Number	Email
State Agency or Court	Contact
Telephone Number	Email
Local Agency	Contact
Telephone Number	Email
Other Agency	Contact
Telephone Number	Email
Telephone Number Other Agency	Email Contact

Description of the alleged discriminatory conduct, including specific details such as names, dates, times, witnesses, and any other relevant information. Where applicable, please include a narrative statement identifying the recommended corrective actions to solve the alleged violation. Please provide any other documentation that is relevant to this complaint.

Mail or deliver this form to:

Shelonda Meeks Title VI Coordinator 315 S. Calhoun St, Suite 450 Tallahassee, FL 32301