

APPENDIX B

Martin County Board of Commissioners

Title VI / Nondiscrimination Program

Complainant(s) Name:

Complainant(s) Address:

Complainant(s) Phone Number:

E-mail Address:

Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.):

Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:

Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):

Discrimination Because of: Race Sex Income Status Date of Alleged Discrimination:
 Color Age Retaliation
 National Origin Handicap/Disability Other

Please list the name(s) and phone number(s) of any person, if known, that Martin County could contact for additional information to support or clarify your allegation(s).

Please explain as clearly as possible **how, why, when** and **where** you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.

Complainant(s) or Complainant(s)
Representative(s) Signature:

Date of Signature: