



## Title VI Complaint Form

**INSTRUCTIONS TO COMPLAINANT:** If you believe that you or someone you know have been discriminated against by the City of Palm Bay in the provision of services based on race, color, national origin, sex, age, disability, income-level, or limited English proficiency, please complete and submit this form by email or mail to:

By email: ADAcoordinator@palmbayflorida.gov

By mail: Laura Clawson, Human Resources  
Director City of Palm Bay  
120 Malabar Road  
Palm Bay, FL 32907  
(321) 952-3421

Frank Watanabe P.E., City Engineer  
City of Palm Bay  
1050 Malabar Road  
Palm Bay, FL 32907  
(321) 952-3437

### Complainant Information

1. Name of Complainant: (first, middle, last)
2. Full address: (number and street, state, city, and zip code)

3. Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Location of alleged incident: (number, street, state, city, and zip code)

5. Name of person/office you believe discriminated against you:

6. Office number: \_\_\_\_\_ 7. Date, time of alleged incident (00/00/00): \_\_\_\_\_

8 I believe the discrimination I experienced was based on (check all that apply):

Race	Age	Sex	National Origin
Income-Level		Limited English Proficiency	Disability

9. Written explanation of the alleged discriminatory act (Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act, the date when you became aware of the alleged discrimination, or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.)

\_\_\_\_\_  
Signature of Complainant/Representative

\_\_\_\_\_  
Date