



Title VI Complaint Form for City of Doral Trolley System

Note: The City of Doral is committed to complying the Americans With Disabilities Act. If you need assistance in completing this form, please contact the City's ADA Coordinator.

PLEASE FILL OUT COMPLETELY.

Section I:		
Name:		
Address:		
Telephone (Home):	(Work):	(Cell):
Email address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
<i>*If you answered "Yes" to this question, go to Section III.</i>		
If you answered "No" to this question, 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): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of alleged discrimination (month, day, year): _____		
<p>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. (If more space is needed, please use the back of this form or attach additional sheet(s)).</p>		

