

**TITLE VI AND RELATED STATUTES
DISCRIMINATION COMPLAINT AGAINST THE HILLSBOROUGH COUNTY MPO**

Name	Telephone (home)	Telephone (work)
Address:	City, State, Zip Code	
Name of MPO Staff Person that You Believe Discriminated Against You:		
Address:	City, State, ZIP Code	
Date of Alleged Incident:		
You were discriminated because of:		
<input type="checkbox"/> Race	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Age
<input type="checkbox"/> Familial Status		<input type="checkbox"/> Religion
<input type="checkbox"/> Disability		<input type="checkbox"/> Other
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:		
Signature	Date	