



**TITLE VI PROGRAM AND RELATED STATUTES
DISCRIMINATION COMPLAINT AGAINST
THE CITY OF LARGO**



Name:	Telephone (Home):	Telephone (work):	
Address:	City:	State:	Zip Code:

Name of City Staff Person that you Believe Discrimination Against You:

Name:	Telephone (Home):	Telephone:	
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"/> Familial Status	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<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:
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For additional information please contact information:
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 (727) 587-6713

