BCCOA COMPLAINT FORM

Any person who believes that he, or she, or any specific class of persons has been subjected to discrimination or retaliation prohibited by the Civil Rights Act of 1964, as amended, and related statutes, under BCCOA program of transit service delivery or related services or programs is encouraged to file a report with BCCOA at:

BCCOA
Bay County Council on Aging, Inc.
1116 Frankford Avenue
Panama City, FL 32401
Phone 850 769-3468
Fax 850 872-2151
email: coull1074@aol.com

Section I:		
Name:		
Address:		
Telephone (Home):	**Telephone (Work):**	
Email Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
**If you answered "yes" to this question, go to Section III.*		
If not, 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):

[ ] Race [ ] Color [ ] National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

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.

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

[ ] Yes [ ] No

If yes, check all that apply:

[ ] Federal Agency: _____

[ ] Federal Court _____ [ ] State Agency _____

[ ] State Court _____ [ ] Local Agency _____

Please provide information about a contact person at the agency where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____ _____

Signature Date

Please submit this form in person at the address below, or mail this form to:

BCCOA
Bay County Council on Aging, Inc.
1116 Frankford Avenue
Panama City, FL 32401
If information is needed in another language, contact 850 769-3468.