



**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:

- Race Retaliation Familial Status Religion Sex
 Color National Origin
(Language) Disability Age 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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