



**COMPLAINT FORM**  
**EQUAL OPPORTUNITY DISCRIMINATION**  
**AND/OR DISCRIMINATION DUE TO**  
**DISABILITIES UNDER THE FEDERAL CIVIL**  
**RIGHTS ACT OF 1964 AND THE ASSOCIATED**  
**AMENDMENTS**

(PLEASE TYPE OR PRINT CLEARLY)

Individuals or organizations who believe they have been denied the benefits of, excluded from participation in, or subject to discrimination on the grounds of race, color, or national origin, can file an administrative complaint under Title VI of the Civil Rights Act of 1964.

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Name:

Date Incident Occurred:

Address:

City:

State:

Zip Code:

Home Telephone:

Alternate Telephone:

E-Mail:

Other contact:

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Address/Location where Incident occurred:

St. Lucie County Dept. where incident occurred:

Have you contacted anyone in the above Dept. regarding your complaint?      Yes      No

If yes, list name and telephone number of person contacted:

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Have you filed a formal complaint with the department?      Yes      No

If yes, with whom? Name:      Telephone #:      Date:

Have you filed a FORMAL complaint about this with another government Agency?      Yes      No

If yes, list name of agency:

Describe nature of grievance. Be specific – name, dates, location, etc. Attach additional sheets if needed):

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Signature of Complainant

Date Completed

Mail Completed Form to:      Office of Equal Opportunity and ADA Coordination \* Risk Management  
2300 Virginia Ave.\* Ft. Pierce, FL 34982 \* 772-462-1783

**Note:** Complaints must be filed in person or in writing in a timely manner and in accordance with regulations.

**Describe nature of grievance (Continued)**