

Okaloosa County Board of County Commissioners
Title VI/Nondiscrimination and ADA/Section 504
Complaint of Discrimination



Complainant(s) Name:				Complainant(s) Address:	
Complainant(s) Phone Number:					
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):					
Name and Address of Program, Service or Activity Whom You Allege Discriminated Against You:					
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):					
Discrimination Because Of:	Race	Age	National Origin	Other	Date of Alleged Discrimination:
	Sex	Religion	Disability		
	Color	Income Status	Family Status		
Please list the name(s), address(es), and phone number(s) of any person/witness(es), if known, that the Okaloosa County Board of County Commissioners could contact for additional information to support or clarify your allegation(s).					
Please explain as clearly as possible how , why , when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.					
Complainant(s) or Complainant(s) Representatives Signature:				Date of Signature:	

Mail, Fax or Email Completed Form To:

Terrence Lane, Risk Management Supervisor
Okaloosa County Board of County Commissioners
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Crestview, Florida 32536
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Fax: 850-689-5978