

**Title VI Nondiscrimination Plan**

**City of Milton**

**Complaint Form**

**Purpose:** To ensure that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity on the grounds of race, color, religion, gender, pregnancy, national origin, age, disability, marital status, or income.

**Policy:** The City of Milton (the City) has adopted a Title VI Plan to ensure that the City is compliant with the provisions of Title VI of the Civil Rights Act of 1964. Title VI prohibits discrimination on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Presidential Executive Order 12898 addresses environmental justice in minority and low-income populations. Presidential Executive Order 13166 addresses services to those individuals with limited English proficiency. Discrimination on the grounds of gender, age, pregnancy, marital status, religion, and disability is prohibited under related statutes. These Presidential Executive Orders and the related statutes fall under the umbrella of Title VI.

Federal-aid recipients, subrecipients and contractors are required to prevent discrimination and ensure nondiscrimination in all programs, activities, and services whether these programs, activities and services are federally funded or not. Those who have experienced discrimination or harassment or have a human rights concern, are encouraged to file a discrimination complaint with the City.

Complainant (s) Name:

Complaint (s) Address:

Complainants (s) Phone Number:

Complainant (s) Representative's Name, Address, Phone Number and Relationship (friend, parent, attorney)

Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:

Names of the Individual (s) Whom You Allege Discriminated Against You:

Please check the box (s) that apply Discrimination Based On:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Alleged Discrimination:	
		Race	Color		National Origin
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Sex	Age	Disability		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Religion	Family Status	Other		

List the name (s) and phone number (s) of any person that the City of Milton may contact for additional information to support or clarify your allegation (s).

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.

Signature:

Date of Signature:

Mail, Drop Off, or Email the Completed Form To:

Title VI Coordinator	Mail: PO Box 909, Milton, FL 32572	Email: Ineely@milton
Laquita Neely	Drop Off: 6738 Dixon St., Milton, FL 32570	Phone Number: 850-983-5427