

**City of Sunrise**  
**Title VI and ADA Complaint of Discrimination Form**

Complainant Name:	Address:
Phone Number:	E-mail Address:

Please list the names, addresses and phone numbers of any witnesses:

Location of Incident:	Date of Incident:
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Discrimination Because of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Nation Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input checked="" type="checkbox"/> Disability  <input type="checkbox"/> Family Status <input type="checkbox"/> Religion <input type="checkbox"/> Other
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Please explain **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 Signature:	Date of Signature:
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**Note: Alternate means of filing complaint, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.**