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:

Discrimination Because of: ☐ Race ☐ Color ☐ Nation Origin ☐ Sex ☐ Age ☐ Disability ☐ Family Status ☐ Religion ☐ Other

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:

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.