



Urban League of  
Broward County

## Title VI & ADA 504 Complaint Form

1. Date complaint filed: \_\_\_\_\_

2. ULBC Staff person (please also list title) who was notified of complaint:

\_\_\_\_\_

### 3. Complainant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ cell \_\_\_\_\_

Basis of Discrimination \_\_\_ race \_\_\_ national origin \_\_\_ color

\_\_\_ sex \_\_\_ age \_\_\_ disability

### 4. Respondent Information (party/parties you believe discriminated against you)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ cell \_\_\_\_\_

Program/Department \_\_\_\_\_

### 5. When did the discriminatory act(s) occur?

Beginning date of alleged discriminatory act? \_\_\_\_\_

Most recent date of alleged discriminatory act? \_\_\_\_\_

Is the alleged discriminatory act ongoing? \_\_\_yes \_\_\_no

### 6. Which of the following action(s) do you believe were taken against you? (Check all that apply)

\_\_\_ denied program service, or benefit

\_\_\_ received service or benefit differently or inferior to those provided to others

\_\_\_ subjected to segregate or separate treatment related to the receipt of any service or benefit

\_\_\_ denied opportunity to participate as member of planning or advisory body

\_\_\_ retaliated against as result of alleging any of the above

\_\_\_ other

