

**Blueprint 2000**

Shelonda Meeks

ADA and Title VI Coordinator

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850-219-1060 (p)

850-219-1098 (f)

7-1-1 (TDD &amp; Voice), via Florida Relay Service

**DISCRIMINATION GRIEVANCE FORM**

Complainant's Name		
Street Address		
City	State	ZIP Code
Telephone Number Home:	Other:	
Email Address:		

Person alleged to be the victim of discrimination, if different from above:

Name		
Street Address		
City	State	ZIP Code
Relationship:		

Person, event, facility or program alleged to have demonstrated discriminatory conduct:

Department or Division
Department or Division Contact (if any)
Phone number:

Person alleged to have witnessed the discrimination, if applicable:

Name		
Street Address		
City	State	ZIP Code
Relationship:		

Basis of discrimination (check all that apply):

<input type="checkbox"/>	Race / Ethnicity	<input type="checkbox"/>	Religion
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Age
<input type="checkbox"/>	Color	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Sex	<input type="checkbox"/>	Family Status

Has a complaint been filed with any other federal, state, or local agency or with any federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Federal Agency or Court</b>	Contact
Telephone Number	Email
<b>State Agency or Court</b>	Contact
Telephone Number	Email
<b>Local Agency</b>	Contact
Telephone Number	Email
<b>Other Agency</b>	Contact
Telephone Number	Email

