

CAPSTONE ADAPTIVE LEARNING & THERAPY, INC. TRANSIT SERVICES COMPLAINT FORM

Title VI / Nondiscrimination Program

Complaint of Discrimination

The Capstone Adaptive Learning & Therapy Centers, Inc. abides by both the Federal Transit Administration and the Florida Department of Transportation's Title VI/Nondiscrimination Programs. As a result, it is the policy of this agency, under ***Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Section 324 of the Federal-Aid Highway Act of 1973; Civil Rights Restoration Act of 1987***; and related statutes and regulations, that no person in the United States shall, on the basis of race, color, national origin, sex, age, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by this agency or its sub-recipients.

Complainant(s) Name:

Complainant(s) Address:

Complainant(s) Phone Number:

Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):

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 (If Known):

Discrimination Because Of:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	Date of Alleged Discrimination:
	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Handicap/Disability	
	<input type="checkbox"/> Income Status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other	

Please list the name(s) and phone number(s) of any person, if known, that the Escambia Board of County Commissioners could contact for additional information to support or clarify your allegation(s).

Please 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.

Complainant(s) or Complainant(s) Representatives Signature:			Date of Signature:	
Mail or Fax Completed Form to:			Capstone Adaptive Learning & Therapy Centers, Inc.	Phone: 850-432--1596
			ATTN: Christina Johnson	Fax: 850-432-1930
			2912 North E Street	cjohnson@capstoneadaptivelearning.org
			Pensacola, FL 32501	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

If information is needed in another language, contact (850)432-1596.