

TITLE VI NOTICE OF NON-DISCRIMINATION

Grievance / Complaint Form

Purpose:

This form is for individuals who believe they have been subjected to discrimination on the basis of race, color, or national origin in programs or activities receiving federal financial assistance, in accordance with **Title VI of the Civil Rights Act of 1964**.

1. Complainant Information

- Full Name: _____
- Address: _____
- City / State / ZIP: _____
- Phone Number: _____
- Email Address: _____

2. Person Discriminated Against *(if different from complainant)*

- Full Name: _____
- Address: _____
- City / State / ZIP: _____
- Phone Number: _____
- Email Address: _____

3. Basis of Complaint

☐ Race

☐ Color

☐ National Origin

☐ Other (please specify): _____

4. Incident Details

- **Date(s) of Alleged Discrimination:** _____

- **Location:** _____

- **Description of Incident:**

5. Witnesses *(if any)*

- Name / Contact Information: _____

- Name / Contact Information: _____

6. Resolution Sought

Please describe the outcome or action you are seeking:

7. Signature

I certify that the information provided is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Submit Completed Form To:

Sharon Kraynik

Human Resources and Risk Management Director

City of Sanford – Human Resources Office

300 N. Park Avenue

Sanford, FL 32771

Phone: 407-688-5025

Email:

Filing Options:

This complaint may be submitted:

[File a Complaint Online](#) (placeholder – replace with the City’s official complaint submission URL when established).

In-Person: Deliver to the Human Resources Office at the address above

By Mail: Send to the address above

Notice:

The City of Sanford does not discriminate on the basis of race, color, national origin, sex, age, disability, or religion in its programs or activities. This complaint process is in accordance with Title VI of the Civil Rights Act of 1964 and applicable federal and state laws.