



Central Florida Expressway Authority

Title VI Complaint Form

Name	Daytime Phone (if available)	Evening Phone (if available)
Address (Street, P.O. Box, etc.)	City and State	Zip Code
Name of person(s) who discriminated against you, position (if Known):		
Please describe the event, occasion, place, etc. where the discrimination took place:		
Date of alleged incident:		
Discrimination on the basis of (please check):		
<input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex <input type="checkbox"/> Familial Status <input type="checkbox"/> Religion <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
<input type="checkbox"/> Age <input type="checkbox"/> Disability		
Please briefly explain the incident that triggered a Title VI violation, including the nature of the event, who was involved and any other details necessary for an investigation (Note: You may use the other side of this paper and/or attach a separate document.)		
Signature	Date	
Mail to: Iranetta J. Dennis, Central Florida Expressway Authority, 4974 ORL Tower Road, Orlando 32807 Email: Iranetta.dennis@CFXway.com Fax 407-690-5034		