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):

☐ Race  ☐ Retaliation  ☐ Sex  ☐ Familial Status  ☐ Religion  ☐ Color  ☐ National Origin

☐ Age  ☐ 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