



**City of Key West
Department of Transportation
Complaint Form**

TITLE VI PROGRAM

This form is provided to persons who feel they may have been discriminated against with regard to race, color, religion of national origin.

If you feel you were discriminated against for any of these reasons you are entitled to file a complaint using this form and formally request an investigation (and action is deemed appropriate) with the **City of Key West KWDOT Civil Rights Officer, at PO Box 1078, 627 Palm Avenue, Key West, Florida 33040, (305) 809-3910**. Bold fields are required information fields.

Name: _____	Telephone: (____) _____
Address: _____	City: _____
State: _____	Zip Code: _____
Email: _____	

Describe the Incident / Complaint: _____ _____ _____
Claim alleges violation based on Race: ____ Color: ____ Religion: ____ National Origin: ____
City Bus: ____ Route: ____ Location: _____
Driver's Name: _____ (if not available, this will need to be verified)

This complaint has been referred to: _____ in the _____ (supervisor / designee) (division)
to facilitate a full investigation process with findings to be submitted to the director's attention for review, no later than 10 days from the date of receipt of this complaint.
Received By: _____ Date: _____
Response Due Date: _____ By: _____
Should the complainant further disagree with findings rendered; the complainant shall Be advised of his / her right to file an appeal, along with the appeal's process.
Status: Open: _____ Closed: _____ Appeal: _____ Other _____

I hereby attest that this investigation process and findings which result are satisfactory.
By: _____, KWDOT Civil Rights Officer Date: _____

Reference No.: _____ / _____ (yr/mo/day) (Employee ID)
