

Title VI Complaint Form for City of Doral Trolley System

Note: The City of Doral is committed to complying the Americans With Disabilities Act. If you need assistance in completing this form, please contact the City's ADA Coordinator.

PLEASE FILL OUT COMPLETELY.

PLEASE FILL OUT COMPL	EIEEI.		
Section I:			
Name:			
Address:			
Telephone (Home):	(Work): (Cell):		
Email address:	9		
Section II:			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "Yes" to this qu			
If you answered "No" to this q	uestion, please supply the na	me and relati	onship of the
person for whom you are com	plaining:		
Please explain why you have fil	ed for a third party:		
		Yes	
CONTRACTOR OF THE PROPERTY OF	ease confirm that you have obtained the permission		No
of the aggrieved party, if you are filing on behalf of a third			
party.			
Section III:			
I believe the discrimination I ex	AND THE RESERVE OF THE PARTY OF	eck all that ap	oply):
[] Race [] Color	[] National Origin		
	W 187		
Date of alleged discrimination	(month, day, year):		
F 1	1 1 1	1. 1.	
Explain as clearly as possible v		400	
	ns who were involved.		
information of the person(s) w		100.0	
contact information of any wit	9000	eded, please	use the back of this
form or attach additional sheet	:(S)).		

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Section IV:				
Have you previously filed a Title VI complaint against the	Yes	No		
Doral Trolley System?				
If yes, please state the date of the complaint:				
You may attach any written materials or other information	n that you th	ink is relevant		
Signature and date required below.				
Signature	Date			
Please submit this form in person at the address below, or m	ail this form t	:0:		
City of Doral Trolley System				
Administrative Office				
8401 NW 53 rd Terrace				
Doral, FL 33166				

If information is needed in another language, please contact 305-593-6740. Para recibir esta información en español, por favor llame al 305-593-6740. Pou infòmasyon nan yon lòt langaj, silvouplè kontakte 305-593-6740