

APPENDIX 7

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|---|--------------------------------------|--|--|------------------------------|------------------------------|--------------------------|--|--------------------------------------|--------------------------------|--|--|--|---------------------------------|
| HPS, Helping People Succeed, Inc. Title VI / Nondiscrimination Program | | | | | | | | | | | | | |
| Complainant(s) Name: | Complainant(s) Address: | | | | | | | | | | | | |
| Complainant(s) Phone Number: | E-mail Address: | | | | | | | | | | | | |
| Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.): | | | | | | | | | | | | | |
| Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You: | | | | | | | | | | | | | |
| Names of the Individual(s) Whom You Allege Discriminated Against You (If Known): | | | | | | | | | | | | | |
| Discrimination Because of: <table style="margin-left: 10px; border: none;"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> National Origin</td> </tr> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Handicap/Disability</td> <td><input type="checkbox"/> Retaliation</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Income Status</td> <td></td> <td></td> </tr> </table> | <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> | <input type="checkbox"/> Handicap/Disability | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other | <input type="checkbox"/> Income Status | | | Date of Alleged Discrimination: |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | | | | | | | | | | | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> | | | | | | | | | | | |
| <input type="checkbox"/> Handicap/Disability | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other | | | | | | | | | | | |
| <input type="checkbox"/> Income Status | | | | | | | | | | | | | |
| Please list the name(s) and phone number(s) of any person, if known, that Martin County could contact for additional information to support or clarify your allegation(s). | | | | | | | | | | | | | |
| Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed. | | | | | | | | | | | | | |
| Complainant(s) or Complainant(s) Representative(s) Signature: | Date of Signature: | | | | | | | | | | | | |