

**Leon County**  
 Maggie Theriot, Designated ADA and  
 Title VI/Nondiscrimination Coordinator  
 1907 S. Monroe Street  
 Tallahassee, Florida 32301  
 (850) 606-5000



## ADA AND TITLE VI/NONDISCRIMINATION GRIEVANCE FORM

Complainant's Name		
Street Address		
City	State	ZIP Code
Telephone Number Home:	Telephone Number Cell:	
Email Address:		

Person alleged to be the victim of discrimination, if different from above:

Name		
Street Address		
City	State	ZIP Code
Relationship:		

Department or Division alleged to have engaged in discriminatory conduct:

Department or Division
Department or Division Contact (if any)
Telephone number:

Person alleged to have witnessed the discrimination, if applicable:

Name		
Street Address		
City	State	ZIP Code
Relationship:		

Basis of discrimination (check all that apply):

<input type="checkbox"/>	Race / Ethnicity / National Origin / Ancestry	<input type="checkbox"/>	Sex/Orientation / Gender / Gender identity	<input type="checkbox"/>	Marital Status / Familial Status
<input type="checkbox"/>	Color	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Genetic information
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	
<input type="checkbox"/>	Age	<input type="checkbox"/>	Income Status	<input type="checkbox"/>	

Has a complaint been filed with any other federal, state, or local agency or with any federal or state court?     Yes     No

<input type="checkbox"/>	<b>Federal Agency or Court</b>	Contact
	Telephone Number	Email
<input type="checkbox"/>	<b>State Agency or Court</b>	Contact
	Telephone Number	Email
<input type="checkbox"/>	<b>Local Agency</b>	Contact
	Telephone Number	Email
<input type="checkbox"/>	<b>Other Agency</b>	Contact
	Telephone Number	Email

Description of the alleged discriminatory conduct, including specific details such as names, dates, times, witnesses, and any other relevant information. Where applicable a narrative statement identifying the recommended corrective actions to solve the alleged violation. Please provide any other documentation that is relevant to this complaint.

Mail or deliver this form to: Maggie Theriot  
Designated ADA and  
Title VI/Nondiscrimination Coordinator  
1907 S. Monroe Street  
Tallahassee, Florida 32301  
[TheriotM@LeonCountyFL.gov](mailto:TheriotM@LeonCountyFL.gov)