Before completing this form, please read the LYNX Title VI Complaint Procedures located on the LYNX website at www.golynx.com or by visiting our office. The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at (407) 254-6171. Complaints must be filed within 180 calendar days after the date alleged discrimination occured.

Section I:			
Name:			
Address:			
Telephone (Home):	Telephone Work:		
Electronic Mail Address:			
Accessible Format Requirements?	Large Print TDD	Audio Tape Other	
Section II:			
Are you filing this complain on your own behalf?	Yes*	No	
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person			
for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the ag	grieved Yes	No	
party if you are filing on behalf of a third party.			
Section III:			
I believe the discrimination I experienced was based on (check $\overline{\boldsymbol{a}}$	all that apply):		
[] Race [] Color [] National Origin			
Date of Alleged Discrimination (Month, Day, Year):			
Explain as clearly as possible what happened and why you belie were involved. Include the name and contact information of the names and contact information of any witnesses. Please include	e person(s) who discriminated	d against you (if known) as well as	
of the allegations. Please also provide any other documentation		_	
of the allegations. Thease also provide any other documentation	Titlat is relevant to this comp	nanit.	

Section IV					
Have you filed this complaint	with any other Federal, State, or loca	al agency, or with any Federal or State court?			
[] Yes [] No	o				
If yes, check all that apply.					
[] Federal Agency					
[] Federal Court	[] State Agency				
[] State Court	[] Local Agency				
Please provide information a Name:	bout a contact person at the agency/c	court where the complaint was filed.			
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is	against:				
Contact person:					
Title:					
Telephone number:	Telephone number:				
You may attach any wirtten i Signature and date required	materials or other informatino that yo below.	u think is relevant to your complaint.			
Signature		Date			
Please file a completed Comp LYNX Title VI Officer 455 N. Garland Avenue Orlando, Florida 32801	plaint Form at the following address:				
Or by email to Title6officer@	golynx.com				