

Okaloosa County Board of County Commissioners
Title VI/Nondiscrimination and ADA/Section 504
Complaint of Discrimination



Complainant(s) Name:		Complainant(s) Address:	
Complainant(s) Phone Number:			
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):			
Name and Address of Program, Service or Activity Whom You Allege Discriminated Against You:			
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):			
Discrimination Because Of:	Race Sex Color	Age Religion Income Status	National Origin Disability Family Status Other
			Date of Alleged Discrimination:
Please list the name(s), address(es), and phone number(s) of any person/witness(es), if known, that the Okaloosa County Board of County Commissioners 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) Representatives Signature:		Date of Signature:	

Mail, Fax or Email Completed Form To:

Karen Donaldson, Risk Manager
Okaloosa County Board of County Commissioners
302 N Wilson St, Suite 301
Crestview, Florida 32536
E-mail: kdonaldson@myokaloosa.com
Fax: 850-689-5978