



TOWN OF CUTLER BAY
10720 Caribbean Boulevard, Suite 105 | Cutler Bay, FL
(305) 234-4262 | www.cutlerbay-fl.gov

Complaint Form

If you feel you have been discriminated against, please provide the following information in order to assist us in processing your complaint and send it to:

Town of Cutler Bay
Attention: Alfredo Quintero, Title VI Coordinator
10720 Caribbean Blvd, Suite 105
Cutler Bay, FL 33189

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone # (cell) _____ (home) _____

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Please indicate why you believe the discrimination occurred (check all that apply):

Race or color

National origin

Income

Other _____

What was the date of the alleged discrimination?



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Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it: _____

Please list any and all witnesses' names and phone numbers:

Please attach any documents which support the allegation.

Date and sign this form and send to the Title VI Coordinator.

Your signature

Print your name

Date