

Title VI Discrimination Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Phone Number: _____

Person discriminated against *(if someone other than complainant listed above)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Phone Number: _____

Which of the following best describes the reason you believe discrimination took place?

- | | |
|---|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Color _____ |
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Disability _____ | <input type="checkbox"/> National Origin _____ |
| | <input type="checkbox"/> Limited English Proficiency (LEP) _____ |

On what date(s) did the alleged discrimination take place?

Where did the alleged discrimination take place?

What is the name and title of the person(s) who you believe discriminated against you (if known)?

Describe the alleged discrimination. Explain what happened and who you believe was responsible. *(If more space is needed, attach additional documents.)*

List names and contact information of persons who may have knowledge of the alleged discrimination.

If you have filed this complaint with any other federal, state or local agency, or with any federal or state court, check all that apply and include the filed complainant information.

- Federal Agency
- State Agency
- Local Agency

- Federal Court
- State Court

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Alternate Phone Number: _____

Please sign below. You may attach any written material or other information relevant to your complaint.

Complainant Signature **Date** **Number of attachments**

Submit Form:

By Mail:
Office of Resiliency
Attn: Civil Rights Coordinator
1700 W. Washington Street
Phoenix, AZ 85007

_____ **Or** _____ **By Email:** CRamos@az.gov