

# 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"/> Low Income Status _____ | <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

Federal Court

State Agency

State Court

Local Agency

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**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:**

\_\_\_\_\_ Or \_\_\_\_\_

**By Email:** [idb@azdeq.gov](mailto:idb@azdeq.gov)

ADEQ Main Office

Att: Nondiscrimination Program Coordinator

1110 W. Washington Street

Phoenix, AZ 85007