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?

- ☐ Race Select One
- ☐ Sex _____
- ☐ Disability _____
- ☐ Color _____
- ☐ Age _____
- ☐ National Original _____
- ☐ 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:
ADEQ Main Office
Att: Nondiscrimination Program Coordinator
1110 W. Washington Street
Phoenix, AZ 85007

—— **Or** ——

By Email: idb@azdeq.gov