



TITLE VI COMPLAINT FORM

SECTION I:			
Name:			
Address:			
Home Phone #:		Work Phone #:	
E-mail:			
Accessible Format Requirements	Large Print		Audio Tape
	TDD		Other
SECTION II:			
Are you filling this complaint on your own behalf?		Yes*	No
*If "Yes," see Section III.			
If not, please supply the name and relationship of person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
SECTION III:			
I believe the discrimination I experience was based on (Check all that Apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin			
Date of alleged discrimination (Month, Day, Year):			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			

SECTION IV:

Have you previously filed a Title VI complaint with this agency?	Yes	No
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SECTION V:

Have you filed this complaint with any other Federal, State, or Local agency, or with any Federal or State court?	Yes	No
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*If "Yes," check all that apply:

() Federal Agency: _____ () Federal Court: _____

() State Agency: _____

() Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone#:

SECTION VI:

Name of agency complaint is against:

Contact person:

Title:

Telephone #:

You may attach any written materials or other information that you deem relevant to your complaint.

Signature and date required below:

Signature**Date**

Please submit this form in person at the address below, or send this form to:

Title VI/ADA Non-Discrimination Program Coordinator
 Zeena Gagnon
 Central Arizona Governments
 2540 West Apache Trail, Suite 108
 Apache Junction, Arizona 85120

Telephone: (480) 474-9300
 Fax: (480) 474-9306
 Email: zgagnon@cagaz.org

ADOT Civil Rights Office
 206 South 17th Avenue, MD 155A
 Phoenix, Arizona 85007

Telephone: (602) 712-8946
 Fax: (602) 239-6257
 Email: civilrightsoffice@azdot.gov