

## TITLE VI COMPLAINT FORM

### SECTION I:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Accessible Format  
Requirements

Large Print  
TDD

Audio Tape  
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):

( ) Race

( ) Color

( ) 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

**SECTION V:**

Have you filed this complaint with any other Federal, State, or  
Local agency, or with any Federal or State court?      Yes                      No

\*If "Yes," check all that apply:

( ) Federal Agency: \_\_\_\_\_

( ) Local Agency: \_\_\_\_\_

( ) State Agency: \_\_\_\_\_

( ) Federal Court: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**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: [zgagon@cagaz.org](mailto:zgagon@cagaz.org)

ADOT External Civil Rights (ECR)  
1801 W. Jefferson St.  
Suite 101  
Phoenix, Arizona 85007

Telephone: (602) 712-8946  
Email: [civilrightsoffice@azdot.gov](mailto:civilrightsoffice@azdot.gov)