

TITLE VI COMPLAINT FORM
(Este formulario está disponible en Español.)

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If you answered "no" to this question, please supply the name and relationship of the person for whom you are complaining.				
If you are filing on behalf of a third party, please explain why.				
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 experienced 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 write out on extra paper and submit with the form.				
<hr style="border: 1px solid black;"/>				

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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply and fill in agency's name:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____		<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____		<input type="checkbox"/> 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 complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint. Your authorized signature and date of the complaint are required below.

Signature

Date

Please submit this form in person or mail to:
 Attention:
 Paul Young, Title VI Coordinator
 City of Chandler/Public Works & Utilities Department
 Capital Projects Division
 Mail Stop 407, P.O. Box 4008
 Chandler, AZ 85244-4008