**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):

[ ] 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 write out on extra paper and submit with the form.

______________________________________________________________________________
**Section IV**

Have you previously filed a Title VI complaint with this agency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**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 and fill in agency’s name:

[ ] Federal Agency: ________________
[ ] Federal Court ________________  [ ] State Agency ________________
[ ] State Court ________________  [ ] 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