

Discrimination Complaint Form

Section I		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
E-Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II		
Are you filing this complaint on your own behalf?	<input type="checkbox"/>	<input type="checkbox"/> No
<i>*if you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are		
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.	<input type="checkbox"/> No	
Section III		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin <input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year): _____		
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person who were involved. Include the name and contact information of the person(s) who discriminate 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.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Section VI:		
Have you previously filed a Discrimination complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.	
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:	
<input type="checkbox"/> Federal Agency	<input type="checkbox"/> State Agency:
<input type="checkbox"/> Federal Court:	<input type="checkbox"/> Local Agency:
<input type="checkbox"/> State Court :	
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:	
Name of person complaint is against:	
Title:	
Location:	
Telephone Number (if available):	

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

Signature Date

City of San Luis City/Public Transportation Programs, Human Service & Transit Director
1090 E. Union Street
P.O. Box 1170
San Luis, Arizona 85349
(928) 341-8520
MSabori@cityofsanluis.org
A copy of this form can be found at www.cityofsanluis.org