

ADA/Title VI Discrimination Complaint Form

Note: *The following information is needed to assist in processing your complaint.*

Complainant's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Person discriminated against (someone other than complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Which of the following best describes the reason you believe the discrimination took place? Please be specific.

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> ADA/ Disability | <input type="checkbox"/> | <input type="checkbox"/> |

On what date(s) did the alleged discrimination take place? _____

Where did the alleged discrimination take place? _____

What is the name and title of the person(s) who you believe discriminated against you (if known)?

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper).

List names and contact information of persons who may have knowledge of the alleged discrimination.

If you have filed this complaint with any other federal, state, or local agency, or with any federal or state court, check all that apply.

Federal Agency Federal Court State Agency State Court Local Agency

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.

Complainant Signature

Date

Number of attachments: _____

Submit form and any additional information to:

MetroPlan
MPO Executive Director/Title VI Coordinator
6 E. Aspen Avenue, Suite 200
Flagstaff, AZ 86001
Phone: 928-266-1293

- Complaints based on *race, color or national origin* and related to a **FHWA** funded program area will be reported to the ADOT Civil Rights Office within 72 hours and handled by ADOT.
- Complaints pertaining to *all other protected classes* or related to a **FTA** funded program area will be reported to the ADOT Civil Rights Office with 72 hours and handled by the MetroPlan's local agency complaint