

# 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.

Race \_\_\_\_\_  Color \_\_\_\_\_  National Origin \_\_\_\_\_

Sex \_\_\_\_\_  Age \_\_\_\_\_  Disability \_\_\_\_\_

Low Income Status \_\_\_\_\_  Limited English Proficiency (LEP) \_\_\_\_\_

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

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.

\_\_\_\_\_      \_\_\_\_\_      Number of attachments: \_\_\_\_\_  
Complainant Signature      Date

Submit form and any additional information to:

ADOT Civil Rights Office

ATTN: ADA/Title VI Nondiscrimination Program  
Coordinator

206 S. 17th Avenue, Room 183, MD 155

Phoenix, AZ 85007

Phone: 602.712.8946 Fax: 602.239.6257

[www.azdot.gov](http://www.azdot.gov)

Sun Corridor MPO

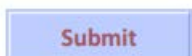
ATTN: Irene Higgs, Director - Title VI Program  
Coordinator

211 N. Florence St., Ste. 103

Casa Grande, AZ 85122

Phone: 520.705.5143

[ihiggs@scmpo.org](mailto:ihiggs@scmpo.org)



ADOT Submission: Please click the submit button when you have completed  
This form to open to email and send to [civilrightsoffice@azdot.gov](mailto:civilrightsoffice@azdot.gov)  
Additional documents may be attached to the email

Sun Corridor MPO Submission: print form and then email to  
[ihiggs@scmpo.org](mailto:ihiggs@scmpo.org)