



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

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements? (circle yes or no)	Large Print	Yes No	Audio Tape	Yes No
	TDD	Yes No	Other	Yes No
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 <input type="checkbox"/> Disability				
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?	Yes	No
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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 agency 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:

Jackie Johnson, MPA
Diversity Program Director/Title VI Oversight Coordinator
City of Scottsdale
Office of Diversity & Inclusion
7506 E. Indian School Road
Scottsdale, AZ 85251