

1 Personal Information

This part is about you. Please enter your personal information, regardless if you are filing for someone else.

name	email
address	city, state, zip
telephone (home)	telephone (work)

accessible format requirements? ☐ large print ☐ audio recording ☐ other

are you filling out this form for someone else? ☐ yes ☐ no if no, skip to next section have you obtained permission to file for the person with the complaint? ☐ yes ☐ no

name and **relationship** of the person for whom you are filing this complaint

please explain why you are filing for this person

2 Offender Information

This part is about the person and agency who you believe discriminated against you.

name of agency you believe committed discrimination	location
name of person complaint is against	telephone (if available)

3 Discrimination Information

This part is about the discrimination you believe you have experienced.

I believe the discrimination was based on (check all that apply):

☐ race ☐ color ☐ national origin ☐ disability ☐ other _____

date of occurrence

mm / dd / yyyy

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 use the back of this form.

4 Complaint History

This part is about the discrimination complaint listed in this document.

have you previously filed a Title VI complaint with this agency? ☐ yes ☐ no

if yes, provide reference information regarding that complaint

have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

☐ yes ☐ no

please provide contact information for the person(s) at the agency(ies) indicated

name title agency

agency address agency telephone

if yes, check all that apply

☐ state court
☐ state agency
☐ local agency
☐ federal court
☐ federal agency

5 Signature, Date, and Authorization for Release

☐ I authorize the release of my complaint and related information to the appropriate agency or individuals for the purpose of investigating this complaint.

signature date

please submit this form in person or mail: **ACBVI, ATTN TITLE VI, 3100 E Roosevelt St, Phoenix, AZ 85008** 602-273-7411

This form does not discriminate on the basis of race, color, national origin, sex, age, disability, or any other protected status in accordance with Title VI of the Civil Rights Act of 1964 and other applicable federal civil rights laws and regulations.

A copy of this form can be found online at acbvi.org

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