Updated: 1.3.2022

ADA/TITLE VI DISCRIMINATION COMPLAINT FORM

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

COMPLAINANT'S INFORMATION: Address: _____ Zip: _____ State: City: Home Phone Number: Alternate Phone Number: Person discriminated against (someone other than complainant): Address: State: _____ Zip: _____ Alternate Phone Number: Home Phone Number: Which of the following best describes the reason you believe the discrimination took place? ☐ Race /Ethnicity ☐ Color **National Origin** ☐ ADA/ Disability ☐ Other: 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. Please be specific. (If additional space is needed, add a sheet of paper).

List names and contact inform discrimination.	nation of persons who may	have knowledge of the alleged
f you have filed this complain		ate, or local agency, or with any federal
☐ Federal Agency ☐ Federal	Court State Agency	State Court
Name:		
Address:		
City:	State:	Zip:
Home Phone Number:		none Number:
Please sign below. You may a relevant to your complaint.	nttach any written material	s or other information you think is
Complainant Signature	Date	
Number of attachments:		

MetroPlan Executive Director/Title VI Coordinator 3773 N Kaspar Dr. Flagstaff, AZ 86004 Phone: 928-266-1293

- 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 an 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 procedures.