Title VI 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: ____________ Work Phone Number: ____________

Person Discriminated Against (someone other than complainant)
Name: ________________________________
Address: ________________________________
City: __________________ State: ____________ Zip: ____________
Home Phone Number: ____________ Work Phone Number: ____________

Which of the following best describes the reason you believe the discrimination took place?
Race/Color (Specify) __________________________ National Origin (Specify) __________________________

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

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.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Have you 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 ____________

Please provide information about a contact person at the agency/court where the complaint was filed.
Name: ________________________________
Address: ________________________________
City: __________________ State: ____________ Zip: ____________
Home Phone Number: ____________ Work Phone Number: ____________

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

Complainant Signature __________________________ Date ____________ Number of Attachments ____________

Submit form and any additional information to:
ACCEL Title VI Program
Gordon Comfort
Chief Operating Officer
10251 N 35th Ave
Phoenix, AZ 85051