

# Title VI Complaint Form

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## Section I:

Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other

## Section II:

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b></i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section III:

<p>I believe the discrimination I experienced was based on (check all that apply)</p> <p><input type="checkbox"/> Race    <input type="checkbox"/> Color    <input type="checkbox"/> National Origin</p> <p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <p>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)</p>
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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.

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#### Section IV:

Have you previously filed a Title VI complaint with this agency?

☐ Yes

☐ No

If yes, please provide any reference information regarding your previous complaint.

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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:

☐ 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:
Name of person complaint is against:
Title:
Location:
Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to you complaint.  
Your signature and date are required below.

_____	_____
Signature	Date

Please submit this form in person at the address below, or mail this form to:

The Centers for Habilitation

ATTN: Kendell Gans, Title VI Coordinator

215 West Lodge Drive

Tempe, AZ 85283

480-838-8111

A copy of this form can be found online at: [www.tch-az.com](http://www.tch-az.com)