

Discrimination Complaint Form

Section I:

Name:

Address:

Telephone (Home):

Telephone (Cell):

Telephone (Work):

Email:

Accessible Format
Requirements?:

Large Print

Audio Tape

TDD

Other

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 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:

Yes

No

Section III:

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

Race

Color

National Origin

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 use the back of this form.

Section IV:

Have you previously filed a Discrimination complaint with this agency?

Yes

No

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

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Race Color National Origin Disability

If yes, check all that apply:

Federal Agency:

Federal Court:

State Agency:

State Court:

Local Agency:

Please provide information about a contract 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 your 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:

SANTA CRUZ TRAINING PROGRAMS, INC. (i.e. Title VI Coordinator)

91 E. La Castellana Drive

Nogales, Arizona 85628

520-287-2043 Ext. 14

sctpinc@sctpinc.com

A copy of this form can be found online at: www.santacruztrainingprogramsinc.com