Discrimination ADA/Title VI Complaint Form

Name: Address: Telephone (Home): Telephone (Work): Electronic Mail Address: Accessible Format Requirements? Large Print Audio Tape Section II: Are you filing this complaint on your own behalf? Yes* No */f 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. 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 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 I:						
Telephone (Home): Telephone (Work): Electronic Mail Address:	Name:						
Electronic Mail Address: Accessible Format Requirements? Large Print	Address:						
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Section VI:							
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Have you previously filed a Discrimination Complaint with this	Have you previously filed a Discrimination Comp	laint with this		<u> </u>			
agency?	agency?			5			

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?				
□ Yes □ No				
If yes, check all that apply:				
Federal Agency:				
Federal Court:	State Agency:			
State Court :				
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 inform	mation 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:

Quality Connections Inc. Esther Kettles HR Director 3012 East Route 66, Flagstaff, AZ 86004 928-773-8787 estherk@qualityconnections.org

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