



## 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: \_\_\_\_\_

Name of Person Discriminated Against  
(if someone other than complainant): \_\_\_\_\_

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.

Complainant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Submit form and any additional information to:**

Aster Aging  
Human Resources Specialist  
45 W. University Dr., Mesa, AZ 85201  
Phone: 480-964-9014      TTY: 800-842-4681  
Fax: 480-898-7306  
Email: [amontes@asteraz.org](mailto:amontes@asteraz.org)

Number of Attachments: \_\_\_\_\_