



**CITY OF TEMPE**  
**TITLE VI/ADA COMPLAINT FORM**

*Note: The following information is needed to assist in processing your complaint.*

Complainant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Person discriminated against (if other than complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Which of the following best describes the reason you believe the discrimination took place:

Please be specific:

Race \_\_\_\_\_ National Origin \_\_\_\_\_

Color \_\_\_\_\_ Disability \_\_\_\_\_

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

Where did the alleged discrimination take place? \_\_\_\_\_

What is the name and title of the person(s) who you believe discriminated against you (if known)?

\_\_\_\_\_  
\_\_\_\_\_



Describe the alleged discrimination. Explain what happened and who you believe was responsible. (if additional space is needed, add a sheet of paper).

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List names and contact information of persons who may have knowledge of the alleged discrimination.

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If you have 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 sign below. You may attach any written materials or other information you think is relevant to your complaint.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
# of Attachments

Submit form and any additional information to:

City of Tempe  
Title VI Coordinator  
Joantha Guthrie  
Engineering & Transportation  
31 E 5th Street  
Tempe, AZ 85281  
Phone: 480-350-8200  
Email: [joantha\\_guthrie@tempe.gov](mailto:joantha_guthrie@tempe.gov)