

**External ADA/Title VI 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: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Person discriminated against (someone other than complainant):

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

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

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

Home Phone Number: \_\_\_\_\_ Alternate 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).

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

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

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

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

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant Signature      \_\_\_\_\_  
Date      Number of attachments: \_\_\_\_\_

Submit form and any additional information to:

ADOT Civil Rights Office  
[CivilRightsOffice@azdot.gov](mailto:CivilRightsOffice@azdot.gov)  
ATTN: ADA/Title VI Nondiscrimination Program Coordinator  
206 S. 17th Avenue, Maildrop 155A  
Phoenix, AZ 85007  
Phone: 602.712.8946 Fax: 602.239.6257  
[www.azdot.gov](http://www.azdot.gov)

Please email the completed form to [civilrightsoffice@azdot.gov](mailto:civilrightsoffice@azdot.gov)  
Additional documents may be attached to the email