

**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		Home Phone Number	Alternate Phone Number
Address		City	State
			Zip

**Which of the following best describes the reason you believe the discrimination took place? Please be specific when selecting the basis of your complaint:**

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
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**Below are additional bases for filing a complaint related to programs and services provided by ADOT Motor Vehicle Division and ADOT Enforcement Compliance Division:**

<input type="checkbox"/> Sex	<input type="checkbox"/> Age
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**On what date(s) did the alleged discrimination take place?**

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**Where did the alleged discrimination take place?**

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

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**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.**

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency	<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency
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Name				
Address		City	State	Zip
Home 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
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**Please email form and any additional information to:**

ADOT External Civil Rights  
[CivilRightsOffice@azdot.gov](mailto:CivilRightsOffice@azdot.gov)  
ATTN: ADA/Title VI Nondiscrimination Program Coordinator  
1801 W. Jefferson St. Ste.101 MD 154A  
Phoenix, AZ 85007  
Phone: 602.712.8946  
[www.azdot.gov](http://www.azdot.gov)