Discrimination 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.

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.

______________________________ __________________________ Number of attachments: ______

Complainant Signature Date

Submit form and any additional information to:

SouthEastern Governments Organization
ATTN: Jessica P. Urrea, Title VI/Training Coordinator
jurea@seago.org
1403 W. Hwy 92
Bisbee, AZ 85603
Phone: 520.432.5301 X215  Fax: 520.432.5858