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 Aguayo, Title VI/Training Coordinator
jaguayo@seago.org
1403 W. Hwy 92
Bisbee, AZ 85603
Phone: 520.432.5301 X215  Fax: 520.432.5858