



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