

TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by the Street Transportation Department or any of its service providers, and believes the discrimination was based upon race, color or national origin may file a formal complaint.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at (602) 495-2050 or email streetstitleviprogram@phoenix.gov

Section I:	
Name:Address:	
	State: Zip:
Preferred Phone number:	Alternate Number:
question, go to Section III. If you answered "no" to this quest	ur own behalf? Yes No If you answered "yes" to this ion, please supply the name and relationship of the person for whom
If you are filing on behalf of a third	d party, please explain why:
of a third party: Yes No Section III:	ined the permission of the aggrieved party if you are filing on behalf the Federal Highway Administration (FHWA) or the ADOT Civil Rights
If yes, please provide information	about a contact person at the agency where the complaint was filed.
Name:	
Title:	
Agency:	
Telephone:	



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Section I believe		ination experienced v	was based on (check all that apply):
Race	Color	National Origin	
Explain Describ	as clearly as e all persons	who were involved.	oay, Year): ened and why you believe you were discriminated against. Include the name and contact information of the person(s) well as names and contact information of any witnesses:
Signatu	re and date	required below:	
 Signatu	re		
Please	submit this f	orm on line at streets	stitleviprogram@phoenix.gov

or mail to: Title VI Coordinator 1034 E. Madison St. Phoenix, AZ 85034-2292 (602) 495-2050