

# Discrimination ADA/Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Accessible Format Requirements?	Large Print	Audio Recording
	TDD/TTY	Other
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
Race	Color	National Origin
		Disability
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		
Section VI:		
Have you previously filed a Discrimination Complaint with this agency?	Yes	No

If yes, please provide any reference information regarding your previous complaint.

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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?            Yes            No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_ State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_ Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person at the address below, or mail this form to:**

Pedro Rodriguez, Transit Administrator  
Town of Prescott Valley Civic Center, 7501 East Skoog Boulevard, Prescott Valley, AZ 86314  
928-759-3119  
[prodriguez@prescottvalley-az.gov](mailto:prodriguez@prescottvalley-az.gov)

A copy of this form can be found online at <https://www.prescottvalley-az.gov/183/Transit>.

If information is needed in another language, use the above contact information to request language assistance.

Este formulario también está disponible en español. Para información en español utilice la misma información de contacto anterior.