

Civitan Foundation, Inc.

Title VI Complaint Form



Note: The following information is needed to assist in processing your complaint.

Complainant's Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Work Phone Number: _____

Person Discriminated Against (if someone other than the complainant):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Work Phone Number: _____

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) _____ National Origin (Specify) _____

On what date(s) did the alleged discrimination take place? _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, please attach a sheet of paper).

List names and contact information of persons who may have knowledge of the alleged discrimination.

Have you 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

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

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.

 Complainant Signature Date Number of Attachments

Submit form and any additional information to:
 Civitan Foundation, Inc Title VI Program
 Jeanne Anastasopoulos
 Title VI Program Coordinator
 12635 N. 42nd Street, Phoenix, AZ 85032
 Phone: 602-953-2944 Fax: 602-953-2946 Email: info@campcivitan.org