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**Maricopa Association of Governments (MAG)
 TITLE VI / ADA/ MAG NONDISCRIMINATION POLICY COMPLAINT FORM**

(Este formulario está disponible en Español.)

This form is for use by customers who wish to complete a hard copy form and is available on the MAG website under the resources tab at [this link](#).

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If you answered "no" to this question, please supply the name and relationship of the person for whom you are complaining.				
If you are filing on behalf of a third party, please explain why.				
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 experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Income Status <input type="checkbox"/> Religion <input type="checkbox"/> Gender Identity <input type="checkbox"/> Limited English Proficiency				
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 write out on extra paper and submit with the form.				
Section IV:				
Have you previously filed a Title VI complaint with this agency?			Yes	No

