

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 at www.azmag.gov/Documents/2668.

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):				
Race	Color	National Origin/Limited English Proficiency	Sexual Orientation	
Age	Sex	Income Status	Religion	Gender Identity
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 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

* Please note that complaints under the jurisdiction of the Federal Highway Administration and the Federal Transit Administration will address alleged discrimination on the basis of race, color and national origin only. Alleged discrimination experienced on the basis of disability, sexual orientation, age, sex, income status, religion, gender identity, and Limited English Proficiency will be addressed by other entities as appropriate.

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 and fill in agency's name:	
Federal Agency	
Federal Court	<input type="checkbox"/> State Agency
State Court	<input type="checkbox"/> 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:	
Contact person:	
Title:	
Telephone number:	

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

Signature

Date

Please submit this form in person or mail to:

Attention: Marcy McMacken, Title VI Coordinator
 Maricopa Association of Governments
 302 North 1st Avenue, Suite 300
 Phoenix, AZ 85003