



Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Type
	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 not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for 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 the apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> 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 IV:			
Have you previously filed a Title VI complaint with this agency?		Yes	No

Section V:	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> 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.

Signature and date required below:

Signature _____

Date _____

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

Kathryn Chandler
Northwest Valley Connect
 16752 N Greasewood St
Surprise, AZ 85378

Or mail:
PO Box 9303
Surprise, AZ 85374