

Discrimination Complaint Form

Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA)
Civil Rights Division

NAIPTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of age, sex/gender, ability, race, color, national origin, gender identity or expression, and sexual orientation as provided by Title VI of the Civil Rights Act of 1964, as amended, and other civil rights statutes. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Civil Rights Division by calling (928) 679-8908. The completed form must be returned to NAIPTA Civil Rights Division, Attn: Administrative Director, 3773 N Kaspar Dr, Flagstaff, AZ 86004 or via email: hdalmolin@naipta.az.gov.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State, & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Date of Incident: _____

Which of the following best describes the reason for the alleged discrimination? (Circle All That Apply)

- | | |
|---|----------------------------|
| Age | Ability |
| Race | Color |
| Sex/Gender | Sexual Orientation |
| National Origin (Limited English Proficiency) | Gender Identity/Expression |

Please describe the alleged discriminatory incident. Provide the names and titles of all NAIPTA employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Please describe the alleged discriminatory incident (continued) _____

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
If yes, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____ Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____ Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

Print or Type Name of Complainant _____

NAIPTA Office Use Only:

Date Received: _____

Received By: _____