

## 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 race, color, or national origin (including Limited English Proficiency), as provided by Title VI of the Civil Rights Act of 1964, as amended, or on the basis of age, sex/gender, ability, gender identity or expression, and sexual orientation as provided by other civil rights statutes. 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](mailto: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)

Title VI protections:

Race

Color

National Origin (LEP)

Other Civil Rights Statutes:

Age

Ability

Sex/Gender

Sexual Orientation

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.

\_\_\_\_\_

Si necesita informacion en Espanol, por favor comuniquese con el Departamento de Servicio al Cliente de NAIPTA al (928) 679-8900.

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Please describe the alleged discriminatory incident (continued) \_\_\_\_\_

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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: \_\_\_\_\_

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