

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**Office of Equal Opportunity**

**DISCRIMINATION COMPLAINT**  
**CLIENTS, APPLICANTS, AND CONTRACTORS**

**Name** (*Last, First, M.I.*) \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** (*No., Street*) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Case No.** \_\_\_\_\_ **Program(s)/Contractor** \_\_\_\_\_

**Other Party(ies) Involved** (*Name(s) Only*)

**Basis of alleged discrimination:**

**Race**      **Color**      **National Origin** (*Includes Limited English Proficiency*)

**Religion**

**Sex** (*Includes Pregnancy, Sexual Harassment, Sterotype and Gender Identity*)

See page 4 for EOE/ADA disclosures

**Disability**

**Age**

**Retaliation**

**Genetics**

**Political Affiliation or Belief**

**Most Recent Date On Which the Above Allegation Took Place  
(Within 180 days):**

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**Provide A Brief Statement of the Problem (*Complaint*)**

**I Believe the Problem Can Be Corrected By (*Specify*)**

**I affirm that the above information is true to the best of my knowledge.**

**Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**To file your claim, complete one of the following:**

- 1. Submit to your local DES Office.**
- 2. Submit in person at: 1717 W. Jefferson Street, Ste. 103, Phoenix, AZ.**
- 3. Submit by mail to: Office of Equal Opportunity, P.O. Box 6123, Mail Drop 1119, Phoenix, AZ 85007.**
- 4. Submit by fax to: (602) 364-3982.**
- 5. Submit by email to: [oeoada504coordinator@azdes.gov](mailto:oeoada504coordinator@azdes.gov)**

**Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local**