

CLIENT DISCRIMINATION COMPLAINT

COMPLAINANT

Name *(Last, First, M.I.)* _____
Phone Number _____ Email _____
Address *(No., Street)* _____
City _____ State _____ ZIP Code _____
Case Number _____ Program(s) _____

RESPONDENT

Name *(Last, First, M.I.)* _____ Phone Number _____
Address *(No., Street)* _____
City _____ State _____ ZIP Code _____
Other party(ies) involved *(name(s) only)*:

Basis of alleged discrimination:

- Race Color National Origin Religion Sex *(Includes Pregnancy, Sexual Harassment)*
- Individuals with Disabilities *(Americans with Disabilities Act of 1990, as amended, Sections 501, 503 and, 504 of the Rehabilitation Act of 1973, as amended)*
- Disabled, recently separated, other protected, and armed forces service medal veterans *(Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended)*
- Age *(Age Discrimination in Employment Act of 1967, as amended), (Age Discrimination Act of 1975)*
- Retaliation
- Genetics *(Title II of the Genetic Information Nondiscrimination Act [GINA] of 2008)*
- Political Affiliation Sex Stereotype Gender Identity
- Other: _____

Most recent date on which the above allegation took place:

Earliest: _____ Latest: _____ Continuing Action: _____

I **HAVE NOT** filed a charge with a federal or state enforcement agency.
I **HAVE** filed a charge with a federal or state enforcement agency. *(Specify below)*

Federal Enforcement Agency: _____ Date Filed: _____

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 _____

Investigator's Signature _____ Date _____

Routing:

- 1) Submit to your local DES Office.
- 2) Submit in person at: 1789 W. Jefferson Street, 4th Floor SE, Phoenix, AZ.
- 3) Submit by mail to: Office of Equal Opportunity, Attn: DES Complaint Coordinator, P.O. Box 6123, Mail Drop 1323, Phoenix, AZ 85007.
- 4) Submit by fax to: (602) 364-3982.
- 5) Submit by email to: OfficeofEqualOpportunity@azdes.gov