

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

**CLIENT DISCRIMINATION COMPLAINT**

**COMPLAINANT**

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

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

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

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

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

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

**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, 1st Floor NE, 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](mailto:OfficeofEqualOpportunity@azdes.gov)**

---

**Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.**