

DISCRIMINATION COMPLAINT CLIENTS, APPLICANTS, AND CONTRACTORS

Name (*Last, First, M.I.*) _____

Phone Number _____ Email _____

Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Case Number _____ 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, Stereotype and Gender Identity*)
- Disability
- Age
- Retaliation
- Genetics
- Political Affiliation or Belief

Most recent date on which the above allegation took place (within 180 days): _____

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: OfficeofEqualOpportunity@azdes.gov