



TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any program or activity receiving federal financial assistance.

Please provide the following information necessary to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Office of Community Engagement,
Language Access Program Manager
150 N. Capitol Blvd. Boise, ID 83702

Phone: (208) 972-8493
Email: communityengagement@cityofboise.org

COMPLAINANT INFORMATION

Complainant's Name (Please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Person discriminated against (if other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

What was the discrimination based on?

- Race
- Low Income
- Sex
- Creed
- Color
- National Origin
- Limited English Proficiency

Date of incident resulting in discrimination: _____

Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper.

What City of Boise representatives is the complainant alleging were involved? _____

Where did the incident take place? _____

SUPPORTING CONTACTS/WITNESSES

Please provide contact information.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone Numbers: (Home) _____ (Business) _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone Numbers: (Home) _____ (Business) _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone Numbers: (Home) _____ (Business) _____

Did you file this complaint with another federal, state or local agency, or with a federal or state court?

Check the appropriate space Yes No

If the answer is yes, check each agency complaint was filed with:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Federal Court | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> State Court | <input type="checkbox"/> Local Agency | <input type="checkbox"/> Other |

Provide contact information for the agency you filed the complaint with:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Date