



## 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](mailto: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

Age

Sex

Creed

Color

National Origin

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.

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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:

Federal Agency       Federal Court       State Agency

State Court       Local Agency       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.

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*Complainant's Signature*

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*Date*