



15-0502 R08/19

# Nondiscrimination Complaint Form for FTA Funded Programs

Note: *The following information is needed to assist in processing your complaint.*

## Complainant's Information:

City: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

## Person discriminated against (someone other than complainant):

Name: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Which of the following best describes the reason you believe the discrimination took place?

Please be specific.

Race \_\_\_\_\_  Color \_\_\_\_\_  National Origin \_\_\_\_\_

Disability \_\_\_\_\_

On what date(s) did the alleged discrimination take place? \_\_\_\_\_

Where did the alleged discrimination take place?  
\_\_\_\_\_

What is the name and title of the person(s) who you believe discriminated against you (if known)?  
\_\_\_\_\_  
\_\_\_\_\_

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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List names and contact information of persons who may have knowledge of the alleged discrimination.

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If you have filed this complaint with any other federal, state, or local agency, or with any federal or state court, check all that apply.

Federal Agency  Federal Court  State Agency  State Court  Local Agency Name:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.

Number of attachments: \_\_\_\_\_

\_\_\_\_\_  
Complainant Signature Date

Please email form and any additional information to:

Helping Ourselves Pursue Enrichment Incorporated  
Attn: Marc Haley,  
Human Resource/Safety Manager  
877 S. Alvernon Suite 200,  
Tucson, AZ. 85711-5341  
Telephone: 520.770.1197 EX: 1213  
[marchaley@hopearizona.org](mailto:marchaley@hopearizona.org)