



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. The Department of Transportation also prohibits recipients receiving federal financial assistance from intimidating or retaliating against anyone, because he or she acts to secure rights protected by civil rights laws. If you believe your civil rights have been violated as a result of prohibited discrimination, intimidation, or retaliation you have the right to file a complaint.

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

City of Boise, Title VI Coordinator
150 N. Capitol Blvd
Boise, ID 83702

You also have the right to file a complaint directly with the FAA,
which you may submit to: FAA, Office of Civil Rights
800 Independence Ave. SW
Washington, D.C. 20591

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:

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.

Complainant's Signature

Date