

# City of Sierra Vista & Vista Transit Title VI Civil Rights Complaint Form

This document can be provided to you in a variety of accessible formats such as diskette, CD, audio tape, braille, or large print. If you need any written information provided to you in one of these accessible formats or an alternate language, please contact us at (520) 417-4888 or by email at [TitleVI@SierraVistaAZ.gov](mailto:TitleVI@SierraVistaAZ.gov)

The following information is needed to assist in processing your complaint. It can be returned to the person listed at the bottom of this form.

## *Complainant's Information (person making the complaint)*

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Name

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Address

City

State

Zip

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Home Phone Number

Work Phone Number

## *Person Discriminated Against (if other than complainant)*

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Name

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Address

City

State

Zip

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Home Phone Number

Work Phone Number

Which of the following PROTECTED CLASSES best describes the type of discrimination you are filing about? You may choose more than one category? Please briefly describe the reason you believe the discrimination took place.

Race/Color (briefly specify how)
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Sex (briefly specify how)
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Age (briefly specify how)
National Origin(briefly specify how)
Limited English Proficiency (briefly specify how)
Income Status (briefly specify how)

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

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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Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply and include contact information for person.

\_\_\_\_\_ Federal Agency Contact name \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ Federal Court Contact name \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ State Agency Contact name \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ State Court      Contact name \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ Local Agency      Contact name \_\_\_\_\_ Number \_\_\_\_\_

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

Number of attachments \_\_\_\_\_      Total number of pages excluding this form \_\_\_\_\_

Please return this form, with your contact information and signature, along with any other information you believe to be relevant to the contacts at the bottom of this form.

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Complainant signature

Date

Title VI Nondiscrimination Program Coordinator  
1011 N. Coronado Drive  
Sierra Vista, Arizona 85635  
520-458-3315  
TitleVI@SierraVistaAZ.gov

Vista Transit Administrator  
2050 E. Wilcox Street  
Sierra Vista, Arizona 85635  
520-417-4888  
VistaTransit@SierraVistaAZ.gov

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