



## Ada County Title VI Discrimination Complaint Form

Please provide the following information necessary to process your Title VI discrimination complaint. Assistance is available upon request. Complete, sign and return this form by mail, FAX or email to:

Title VI Coordinator  
Ada County Department of Administration  
200 W Front Street, Boise, ID 83702  
Phone: (208) 287-7123  
FAX: (208) 287-7159  
[TitleVICoordinator@adaweb.net](mailto:TitleVICoordinator@adaweb.net)

Complainant's name (please print): \_\_\_\_\_

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

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

Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

Person discriminated against (if other than Complainant)

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

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

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

What was the discrimination based on? (check all that apply)

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="radio"/> Race or color            | <input type="radio"/> Low income | <input type="radio"/> Disability                  |
| <input type="radio"/> National origin          | <input type="radio"/> Sex        | <input type="radio"/> Limited English Proficiency |
| <input type="radio"/> Other (please describe): |                                  |   |

Date of the incident of alleged discrimination: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

Explain briefly and clearly what happened and how you believe you were discriminated against. Indicate who was involved and the corrective action you are seeking. Attach additional sheets as needed and any documents you believe will support your complaint.

Please list the Ada County employee(s) or representative(s) involved in the incident (name, office or department and position, if known):

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Please list any witnesses and their contact information.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (work): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (work): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (work): \_\_\_\_\_

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

- Yes  No

If yes, which agency did you file a complaint with? (check all that apply)

- Federal agency  State agency  Local agency
 Federal court  State court  Other

Contact person for the agencies:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Date filed: \_\_\_\_\_

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Date filed: \_\_\_\_\_

I certify that to the best of my knowledge and belief that the statements and information on this form are true, accurate and complete.

Complainant's signature

Date