



# Discrimination Complaint Form

Mail signed Title VI Coordinator  
form to: Bernalillo County Compliance Office  
415 Tijeras Ave. NW  
Albuquerque, N.M. 87102

Last Name		First Name		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone	Email		
Please indicate the basis of your complaint (mark all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> National Origin <input type="checkbox"/> Disability				
Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.				
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your race/color/age/gender/national origin/disability was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages if necessary)				
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which was the cause for the alleged retaliation.				
Names of individuals responsible for the discriminatory action(s):				
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages if necessary)				
Name		Address		Telephone
_____		_____		_____
_____		_____		_____
_____		_____		_____
Complainant's Signature:		Date:		Number of Pages:
_____		_____		_____
FOR OFFICIAL USE ONLY:    Date received:    Complaint Number:				