External Discrimination Complaint Form

Mail signed form to Title VI Coordinator, City Manager, City of El Paso, 300 N. Campbell, El Paso, Texas 79901

Last Name		First Name		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone	E-mail Address		

Please indicate the basis of your complaint:

☐Race_____ ☐Age _____ ☐National Origin _____
☐Color_____ ☐Gender _____ ☐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 protected status (basis) 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 you believe 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
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Complainant's Signature_____ Date _____

FOR OFFICE USE ONLY

Date Compliant Received: _____
Processed by: _____