

Community Planning Association of Southwest Idaho
Title VI Discrimination Complaint Form
 Director of Operations, 700 NE 2nd Street, Suite 200, Meridian, ID 83642

Complainant Name	Complainant Address—Street (P.O. Box), City, State, Zip
Complainant Phone Number	
Name of Discriminating Person(s) or Agency	Address of Person(s) or Agency (if known)
Position of Person(s) (if known)	

Date of Discrimination	Discrimination Due To <input type="checkbox"/> Age <input type="checkbox"/> English Proficiency <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Color <input type="checkbox"/> Income Status <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation
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Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and the names of any witnesses. Describe the corrective action you are seeking. Also attach any written material pertaining to your case.

I certify to the best of my knowledge that the statements and information contained herein are true, accurate, and complete.

Signature	Date
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Upon completion, mail your Discrimination Complaint Form to: COMPASS Director of Operations 700 NE 2 nd Street, Suite 200 Meridian, ID 83642	
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