

Complaint #: _____
OEOP Staff: _____

DATE RECEIVED: _____



**City of Tucson
Office of Equal Opportunity Programs
Limited English Proficiency (LEP) Complaint Form**

Section 602 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d states that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." This law was established to ensure that persons who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English be afforded meaningful access to programs, services and/or activities and information provided by any entity receiving federal financial assistance.

If you feel that you have not been provided meaningful access to any City of Tucson programs, services and/or activities, please complete this complaint form and return it to the City of Tucson, Office of Equal Opportunity Programs, 255 West Alameda, P.O. Box 27210, Tucson, AZ 85726-7210.

PLEASE COMPLETE AND SIGN

I. Complainant Information:

Name: _____

Home Address: _____ City/State/Zip: _____

Telephone #: Home (____) _____ Alternate # (____) _____

Primary Language: _____

II. Description of Complaint

Name of COT Department and/or Program/Service/Activity: _____

Name of individual(s) if known: _____

Address: _____

Date of incident: _____

Describe how you were not provided meaningful access: *(Be specific and attach additional pages if necessary)*

Signature _____ Date: _____

City of Tucson is committed to improving access to its programs, services and activities for persons who are Limited English Proficient

This form is available in alternate languages upon request