

CASE #: \_\_\_\_\_  
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, 201 North Stone, 3<sup>rd</sup> Floor-North, 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: \_\_\_\_\_