



City of Mountain Home Discrimination Complaint Form

Please provide the following information in order to process your complaint. Sign and return the completed form to City of Mountain Home, Title VI/ADA Coordinator, 1150 South Main, P. O. Box 10, Mountain Home, ID 83647 jmcdaniel@mountain-home.us If you need assistance completing this form, please contact the City's Title VI/ADA Coordinator at (208)587-2108.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State _____ Zip _____

4. Telephone No: (Home) _____ (Business): _____

5. Person discriminated against (if other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on: (Check all that apply)

Race Color National Origin Age Disability

Sex Income Status Limited English Proficiency

7. Date of incident resulting in discrimination: _____

8. Describe the acts of discrimination providing the name (s) where possible of the individuals who discriminated. For additional space, attach additional sheets of paper or use back of this form.

9. What City of Mountain Home representatives is the complainant alleging were involved?

10. Where did the incident take place?

11. Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business) _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business) _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) ___ Yes ___ No

If answer is yes, please check each agency complaint was filed with:

___ Federal Agency ___ Federal Court ___ State Agency

___ State Court ___ Local Agency ___ Other

13. Provide contact information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date

Upon request, this form is available in alternate formats (for example large print or audio tape) from the City's Title VI/ADA Coordinator.