



City of Albuquerque – ABQ Ride
100 1st St, SW
Albuquerque, NM 87102
505-724-3100

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations *require that no person in the United States shall, on the ground of races, color, national origin, sex, age of disability be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.*

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact us.

Complete and return this form to: _____

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number: _____

5. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place?

a. Race/Color c. Sex e. Disability

b. National Origin d. Age

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible.

9. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? Yes No

If yes, check each box that applies:

Federal agency Federal court State agency

State court Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant Signature

Date