



Discrimination Complaint Form

If you believe ARIZONA@WORK-Yuma County has engaged in discrimination against you, or if you have a complaint related to the program:

Please complete the following information. You may request assistance from an employee if needed.
Name:
Address and e-mail:
Phone Number:
Please describe the situation in detail (include the date when the incident happened and the name of the person responsible for the discrimination or issue).
Complete this section IF complaint is related to Discrimination: I feel discriminated on the basis of: <ul style="list-style-type: none">• Race• Religion• Sex (includes pregnancy, sex stereotyping, transgender, gender identification)• National origin• Limited English Proficiency• Age (40 and over)• Disability• Political Affiliation or belief

<ul style="list-style-type: none"> • Citizenship Status • Participation in other WIOA programs • Other (may be a program issue: customer service, timeliness, etc.) 	
Signature: of the complainant or complainant's authorized representative	
Date:	
<p> You may return this completed form to an employee, submit this form via e-mail to HumanResources@ypic.com, in person or regular mail at 3834 W 16th St. Yuma, AZ 85364 You will receive an acknowledgement letter within 5 business days. </p>	