

# ASG DPW CONSOLIDATED TITLE VI AND ADA COMPLAINT FORM

Name of Complainant:	Home Telephone:
Home Address:	Work Telephone:
Email Address:	
Person discriminated against (if other than complainant):	Home Telephone:
Home Address:	Work Telephone:
1. Specific basis of discrimination (Check appropriate box(es)): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability	
2. Date of alleged discrimination act(s) _____ _____ _____ _____	
3. Respondent (Name, position and work location of person you believe discriminated against you (if applicable).) Name or Vehicle License: _____ Position and Work location: _____	
4. Describe how you believed you were discriminated against. What happened and who was responsible? For more space attach additional sheets of paper. _____ _____	

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5. Did you file this complaint with another federal, state or local agency; or with a federal or state court?  Yes  No If your answered yes, please check each agency with whom the complaint was filed.

Federal Agency     Federal Court     State Agency     State Court     Local Agency

Agency Name and Date filed:

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6. Provide contact person information for the additional agency or court:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address:  
\_\_\_\_\_

7. Sign complainant in the space below. Attach any supporting documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this form and mail to the:

Transit Program Manager and Civil Rights Officer  
American Samoa Government Dept. of Public Works  
First Floor, Tafuna Road  
Pago Pago, AS. 96799