

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:

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



**AMERICAN SAMOA GOVERNMENT
DEPARTMENT OF PUBLIC WORKS**



**PEPA FAATUMU MO LE FAAULUINA O SE TAGI ONA O NI FAIGA FAAITUAU UA E
AAFIA AI E FAAVAE I LUGA O AIA TATAU A TAGATA (CIVIL RIGHTS -TITLE IV) PO'O
SE MANAOGA FAAPITOA (DISABILITY).**

| | |
|--|---------------------------------------|
| Suafa o lē o loo faauluina le tagi: | Numera telefoni fale: |
| Nuu & Pusa Meli: | Numera telefoni a le fale faigaluega: |
| Imeli: | |
| Suafa o le sui ua aafia i uiga faaituau (pe afai e ese mai i lē o loo faauluina le tagi): | Numera telefoni fale: |
| Nuu & Pusa Meli: | Numera telefoni a le fale faigaluega: |
| 1. Ituaiga faiga faaituau ua aafia ai (Maka le pusa o i lalo): <input type="checkbox"/> Ituaiga Tagata (Race) <input type="checkbox"/> Lanu (Color) <input type="checkbox"/> Atunuu (National Origin) <input type="checkbox"/> Manaoga faapittoa (Disability) | |
| 2. Aso na aafia ai i faiga faaituau: <hr/> <hr/> <hr/> | |
| 3. Suafa o le tagata e faasaga iai le tagi (Galuega & tulaga i totonu o le galuega) Suafa poo le Numera o le laisene o le Taavale: _____ Galuega: _____ Tulaga i totonu o le Galuega: _____ | |
| 4. Faamatala auiliili le mafuaaga ma le ituaiga faaituau ua e aafia ai, ma auiliili mai le mea sa tupu. Faaoga se isi pepa pe a moomia se isi avanoa. <hr/> <hr/> <hr/> <hr/> <hr/> | |



**AMERICAN SAMOA GOVERNMENT
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5. Na faaulu muamua sau tagi i se isi ofisa ale Federal, Malo poo se ofisa i Amerika Samoa; poo le fale faamasino? Ioe Leai. Afai na e tali mai Ioe, faamolemole maka le pusa o i lalo poo fea na faaulu ail au tagi.

Federal Agency Federal Court State Agency State Court Local Agency

Igoa ole Ofisa ma le aso na faaulu ai le tagi:

Ofisa: _____ Aso na Faaaulu ai le tagi: _____

6. Faailoa mai le suafa o le tagata o loo i le ofisa o i luga (Fesili #5) e moomia ona faafesootai mo nisi faamatalaga :

Igoa: _____ Telefoni: _____ Imeli: _____

Nu'u & Pusa Meli:

7. Saini le suafa o le ana le tagi i le avanoa o i lalo. Faapipii mai nisi faamatalaga e lagolagoina ai lau tagi

Saini: _____ Aso: _____

Faatumu le pepa ona meli mai lea i le faatuatusi o i lalo:

Transit Program Manager & Civil Rights Officer
Malo o Amerika Samoa, Matagaluega o Galuega Lautele
Fogafale 1, Tafuna Road
Pago Pago, AS. 96799