

ITEP Non-Employee Discrimination Complaint Form

Institute for Tribal Environmental Professionals
c/o Northern Arizona University
Equity and Access Office
PO Box 4083
Flagstaff, AZ 86011
Attn: Title VI Coordinator

Physical Address
Northern Arizona University
Old Main, Bldg. 10
620 S. Knoles Dr.
Flagstaff, AZ 86011

Before the Northern Arizona University Equity and Access Office proceeds with a review, all complaints regarding alleged unlawful discrimination shall be documented in writing on this complaint form. The completed form must be signed, or authorized via electronic mail, by the complainant or that person's authorized representative. The signed or authorized form must be received by the Equity and Access Office within ninety (90) calendar days of when the alleged unlawful discriminatory act occurred.

If you are not able to submit a written complaint, arrangements can be made for an Equity and Access Office employee to assist you in converting the verbal complaint into the written complaint form. An accessible version of this complaint form is available on the (hyperlink to ITEP and EAO webpages) or more information or to submit a verbal complaint, call the Equity and Access Office's main office phone number: 928-523-3312.

The completed and signed form should either be mailed by U.S. Postal Service to the Equity and Access Office Title VI Coordinator at the address above, or an authorized (electronically-signed) copy may be sent via email to: equityandaccess@nau.edu.

The Equity and Access Office will notify the complainant in writing of its determination as to whether the Equity and Access Office has jurisdiction or authority to investigate the complaint and whether the Equity and Access Office finds merit to the allegations to investigate the complaint within fifteen (15) working days from when the Equity and Access Office Title VI Coordinator received the signed complaint. Within 180 days of the Equity and Access Office's acceptance to investigate a complaint, the Title VI Coordinator will issue a letter to the complainant summarizing the allegations and findings unless it is determined that, based upon the complexity of the complaint, that additional time is needed. If it is determined that additional time is needed for the issuance of the written decision, the specified number of days by which the complaint evaluation will be extended will be conveyed in writing to the complainant.

1) Date the alleged unlawful discriminatory act occurred:

_____/_____/_____
Month Day Year

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2) Complainant Contact Information:

First Name

Last Name

Address

City, State and Zip Code

Phone Number

Email Address

3) Does the complainant have a representative? Check: Yes or No. If yes, provide representative's contact information below:

First Name

Last Name

Address

City, State and Zip Code

Phone Number

Email Address

4) Identify the protected classification upon which the alleged violation is based:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin (including Limited English Proficiency) | <input type="checkbox"/> Gender/Sex |
| | <input type="checkbox"/> Retaliation |

5) Provide a specific and detailed description of the decision(s) or action(s) including the date (or date range) which is alleged to have constituted unlawful discrimination in violation of 40 C.F.R. Parts 5 and 7; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; or section 13 of the Federal Water Pollution Control Act Amendments of 1972, Public Law 92-500. Attach additional page(s) as necessary.

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6) Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination:

7) Identify the parties alleged to be subjected to, or potentially impacted by, the alleged discrimination:

8) Complainant's (or representative's) signature and date:

Signature _____

Date _____