



**City of Mountain Home  
Discrimination Complaint Form**

Please provide the following information in order to process your complaint. Sign and return the completed form to City of Mountain Home, Title VI/ADA Coordinator, 1150 South Main, P. O. Box 10, Mountain Home, ID 83647 [jmcdaniel@mountain-home.us](mailto:jmcdaniel@mountain-home.us) If you need assistance completing this form, please contact the City's Title VI/ADA Coordinator at (208)587-2108.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone No: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

5. Person discriminated against (if other than Complainant)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What was the discrimination based on: (Check all that apply)

Race  Color  National Origin  Age  Disability

Sex  Income Status  Limited English Proficiency

7. Date of incident resulting in discrimination: \_\_\_\_\_

8. Describe the acts of discrimination providing the name (s) where possible of the individuals who discriminated. For additional space, attach additional sheets of paper or use back of this form.

9. What City of Mountain Home representatives is the complainant alleging were involved?

10. Where did the incident take place?

11. Witnesses? Please provide their contact information.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) \_\_\_ Yes \_\_\_ No

If answer is yes, please check each agency complaint was filed with:

\_\_\_ Federal Agency \_\_\_ Federal Court \_\_\_ State Agency  
\_\_\_ State Court \_\_\_ Local Agency \_\_\_ Other

13. Provide contact information for the agency you also filed the complaint with:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date filed: \_\_\_\_\_

Sign the complaint in the space below. Attach any documents you believe support your complaint.

\_\_\_\_\_  
Complainant's Signature

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

Upon request, this form is available in alternate formats (for example large print or audio tape) from the City's Title VI/ADA Coordinator.