



## Payson City Civil Rights Complaint Form

Payson City is committed to ensuring that no one person is excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity on the basis of their race, color, national origin, disability, age, sex, or limited English proficiency, as provided by Title VI of the Civil Rights Act 1964, as amended, and related nondiscrimination authorities.

Any person who believes they have been subjected to an unlawful discriminatory practice under Title VI has a right to file a formal complaint.

Please submit this form in person, via postal mail or via email to:

Payson City Human Resources – Title VI Coordinator  
439 West Utah  
Payson, UT 84651  
(801) 465-5202  
[melaniem@payson.org](mailto:melaniem@payson.org)

If you have questions about how to prepare a complaint using this form or would like to request accommodation or assistance, you may contact Payson City Human Resources – Title VI Coordinator at 801-465-5202.

Note: Apart from the form, on separate pages, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section I:

I believe that I have been (or someone else has been) discriminated against on the basis of

(check all that apply):

Race  Color  National Origin  Disability  Not Applicable  Other (Please specify)

Date of Alleged Discrimination (Month/Day/Year): \_\_\_\_\_

On separate pages, please describe your complaint. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved, include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. You should include specific details such as names, dates, times, witnesses and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence.

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Section II:

Name:

Street Address:

City: State: Zip Code:

Telephone (Home):

Telephone (Cell):

E-Mail Address:

Accessible Format Requirements?

Large Print  Audio Recording

TDD/TTY  Not Applicable

Other (Please describe):

Section III:

Are you filing this complaint on your own behalf?  Yes\*  No

\*If you answered "yes" to this question, go to Section IV.

If not, please supply the name and relationship of the person for whom you are complaining.

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

Relationship: \_\_\_\_\_

Section IV.

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check all that apply:

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency \_\_\_\_\_

State Court \_\_\_\_\_ Local Agency \_\_\_\_\_

If you answered "Yes", please provide information about a contact person at the agency/court where the complaint was filed.

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

Address \_\_\_\_\_

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

By signing below, you (Complainant) certify that, to the best of your knowledge, the provided information is true and accurate. You may attach any written materials, documentation supporting your statement, or other information that you think is relevant.

\_\_\_\_\_  
Complaint's Signature

\_\_\_\_\_  
Date

If information is needed in another language, use the above contact information to request language assistance.

Este formulario también está disponible en español. Para información en español utilice la misma información de contacto anterior