External Discrimination Complaint Form Mail signed form to Title VI Coordinator, City Manager, City of El Paso, 300 N. Campbell, El Paso, Texas 79901

Last Name		Fire	First Name			
Mailing Address		City	,	State	Zip	
Telephone	Alternate Tele	phone E-n	nail Address			
Please indicate the bas	sis of your complaint:					
Race Age Color Gender			National Origin Disability			
Date and place of alleg		ction(s). Please in	clude the earlies	t date of disc	rimination and the mo	
How were you discrin discrimination. Explain a factor in the discrimir if necessary).	as clearly as possibl	e what happened	and why you bel	ieve your pro	tected status (basis) w	
The law prohibits intimi action, to secure rights discrimination alleged believe was the cause	protected by these above, please expl	laws. If you feel th ain the circumstar	at you have bee	en retaliated a	against, separate from t	
Names of individuals re	esponsible for the dis	scriminatory action	(s):			
Names of persons (wi additional information						
2.	Name				Telephone	
4						
4						