



City of Casa  
Grande

**CIVIL RIGHTS COMPLAINT  
CITY ATTORNEY'S OFFICE**

510 East Florence Blvd, Casa Grande, AZ. 85122

Name of Complainant: \_\_\_\_\_

Mailing Address of Complainant: \_\_\_\_\_

Telephone number(s) of Complainant: \_\_\_\_\_

Name of Individual against whom the complaint is made: \_\_\_\_\_

Basis of Alleged Discrimination (check all that apply):

Age   Race   Religion   Natural Origin  
Political Beliefs   Color   Sex   Disability  
Limited English Proficiency   Status with respect to Marriage or Public Assistance

List the names of all parties involved, including witnesses:

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Location where the alleged discrimination occurred: \_\_\_\_\_

Date or time period when the alleged discrimination occurred: \_\_\_\_\_

In the space below, please write a detailed description of the conduct or action that you are reporting:

What is the remedy that you are requesting?

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to:      Casa Grande City Attorney's Office  
                          510 East Florence Blvd, Casa Grande, AZ 85122

Questions:      Please call 520-421-8600 and ask to speak with the City Attorney's Office.