



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:

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.