



City of El Mirage Civil Rights Complaint Form

Date filed:

Complainant Information

Name:

Address:

City:

Zip code:

Phone:

Email:

Preferred contact:

Designee Information (if applicable)

Name:

Address:

City:

Zip code:

Phone:

Email:

Preferred contact:

Details of Complaint

Date of incident (must be filed within 180 days of incident):

Location of incident:

City department/employee you spoke with:

Complaint description - Provide a brief summary of the situation regarding the Civil Rights complaint. Please provide names and detailed information:

Please submit to:
City of El Mirage
Office of the City Clerk
12145 NW Grand Avenue
El Mirage, AZ 85335

Phone: (623) 876-2931
TDD: (623) 933-3258
Email: santes@cityofelmirage.org