



# Copper Canyon Fire & Medical District

26B West Salt Mine Road, Camp Verde, AZ 86322  
www.ccfmd.az.gov Phone (928) 567-9401

## Non-Discrimination Complaint Form

The following information is needed to assist in processing your complaint. Please submit this form and any additional information to:

### **Copper Canyon Fire and Medical District Nondiscrimination Program**

ATTN: Civil Rights Compliance Officer

Phone: 928-567-9401 or Email: CCFMDoffice@ccfmd.az.gov

#### **Complainant's Information:**

Name:

Address:

Phone Number:

#### **Person Discriminated Against (if other than complainant):**

Name:

Address:

Phone Number:

**What kind or type of discrimination allegedly took place?**

**Describe the alleged discrimination. Explain what happened and who you believe was responsible.**

**List names and contact information of witnesses or additional information.**

**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?**

Check all that apply.

Federal Agency       Federal Court       State Agency

State Court       Local Agency       Other: \_\_\_\_\_

**Name of the agency or court where the complaint was filed:**

**Please sign below.** You may attach any written materials or other information you think is relevant to your complaint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_