## CONTACT SHEET

**Bureau of Reclamation**  
**Public Civil Rights**  
**Mail to: Civil Rights Division, 84-59000**  
**Questions: 303-445-3680**

### Basis Categories
- [ ] Title VI
- [ ] Title II, ADA
- [ ] 504,508 Rehabilitation Act
- [ ] Age
- [ ] Title IX, Education Act
- [ ] Environmental Justice (E.O. 12898)
- [ ] Limited English Proficiency (E.O. 13168)
- [ ] Other (e.g. Architectural Barriers Act)

### Person(s) Alleging Discrimination Contact Information
- **Full Name and Complete Address:**
- **Home Telephone Number:**
- **Cellular Number:**
- **E-mail Address:**

### Basis of Complaint (Mark x by the basis that applies to your situation)
- [ ] Race  
- [ ] Color  
- [ ] National Origin  
- [ ] Sex: Male  Female
- [ ] Religion  
- [ ] Age  
- [ ] Disability  
- [ ] Sexual Orientation  
- [ ] Status as a parent  
- [ ] Reprisal

### Details of the Issue
Did the individual file with another Federal, state, or municipal agency? If so, with whom? If not, leave blank.

### Reclamation Region, Office, or Program that you raised the issue with
- **Address, if known:**
- **Telephone Number:**

### On what date(s) did the situation occur?  
- **If more than once, (Dates):**
- **Recent Date:**

### May we use your name when we speak to the Reclamation official?  
- [ ] Yes  
- [ ] No

Explain as briefly and clearly as possible what happened and indicate who was involved. Be sure to include how other persons were treated differently from you. Attach any written material pertaining to the issue. (Please use additional sheets, if necessary)

### Resolution
Briefly and clearly explain how the issue was addressed and/or resolved.

### Print Name of Person Assisting with Issue (e.g., Program Manager, Accessibility Coordinator, 508 Coordinator)

Please sign and date Contact Sheet and mail to the Reclamation’s Civil Rights Division, 84-59000

**Signature:**

**Number of work hours expended:**

**Date:**

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(530) 08/18/2015  
NEW RELEASE  
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