COMPLAINT FORM

Basis Categories

☐ Title VI
☐ Title II, ADA
☐ 504,508 Rehabilitation Act
☐ Age
☐ Other

Complainant Information

Full Name and Complete Address

Home Telephone Number
Cell Number

Person(s) Alleging Discrimination, if different from above:

Full Name and Complete Address

Home Telephone Number
Cell Number

Basis of Complaint (Mark an x by the basis that applies to your situation)

☐ Race
☐ Color
☐ National Origin
☐ Religion
☐ Age
☐ Disability
☐ Sexual Orientation
☐ Status as a parent
☐ Reprisal

Details of the Issue

Agency or Department or Program that discriminated against you
Address, if known
Telephone Number

Do you have an attorney representing you concerning the matter(s) raised in this complaint? ☐ Yes ☐ No

Name
Address
Telephone Number

May we use your name when speaking with the respondent (or their representative)? ☐ Yes ☐ No

To your best recollection, on what date(s) did the alleged discrimination take place? If once →

If more than once, then earliest date →

Most Recent Date →

Explain as briefly and clearly as possible what happened and how you were discriminated against. 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))

Please identify any people (witnesses, family, etc.), if known, who we may contact for additional information to support your complaint.

1st Name and Address
Telephone Number

2nd Name and Address
Telephone Number

What remedy are you seeking for the alleged discrimination:

Do you have any other information that you think is relevant to the investigation:

Reclamation Public Civil Rights
Civil Rights Division, 84-59000
P.O. Box 25007, Denver Federal Center
Denver CO 80225
Questions: (303) 445-3680
Filing Information:
Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

Retaliation:
The laws we enforce prohibit recipients or Bureau of Reclamation funds from intimidating or retaliating against anyone because he or she has either taken action or participation in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the alleged discrimination) then please explain the circumstances. Be certain to explain what actions you took which you believe were the basis for the alleged retaliation.

Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of the Interior?  
☐ Yes  ☐ No
What agency or department or program was it filed?  
Address  
Telephone Number  
Date of Filing  
If so, can you provide the complaint number?

Briefly, what was the complaint about?

What was the result?

Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?  
☐ Department of Justice  ☐ Equal Employment Opportunity Commission  
☐ Federal or State Court  ☐ Your State or local Human Rights Commission  
☐ Grievance or complaint office
If you have already filed a charge or complaint with an agency indicated above, please provide the following information  
Agency  Date Filed  
Case or Docket Number  Date of Trial/Hearing  
Name of Investigator  
Location of Agency  
Status of Case:

While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Reclamation funds or assistance received by the program or department in which you alleged discrimination, please provide that information below.

Signature:
Please sign and date this complaint form below (Signature Required)  
Signature  Date