

504/ADA Coordinator 1570 Grant Street Denver, Colorado 80203 Telephone: 303-866-6010

> FAX: 303-866-2828 State Relay: 711

Email: hcpf504ada@state.co.us

Discrimination Complaint Form

Please fill out this form completely in print or type. Sign and return to the 504/ADA Coordinator via mail, fax or email within 60 days of the incident. Complaints are processed as quickly as possible but may take up to 30 days. If you require assistance completing this form, please contact the 504/ADA Coordinator.

Qualified Individ	ual Info	ormation							
FIRST NAME			LA	LAST NAME					
HOME PHONE (Please include area code)			W	WORK or CELL PHONE (Please include area code)					
MAILING ADDRESS					CITY				
STATE		ZIP CODE	EMA	AIL ADDRESS	L ADDRESS (If available)				
How would you li	ke us to	contact you?							
Email	Mail	In Person		Telepho	one	Other _			
Who or what age	ncy or o	organization do you b	elieve	e discrimina	ted agains	t you (or so	meone else)?		
PERSON/AGENCY/ORGANIZATION				DATE(S) D	DATE(S) DISCRIMINATION OCCURRED				
AGENCY PHONE (Please include area code)				OTHER PHONE (Please include area code)					
MAILING ADDRESS				CITY	CITY				
STATE		ZIP CODE		E-MAIL ADDRESS (If available)					

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. Attach additional documentation if needed.

Yes	No	institution?			
	e status of the grievance?				
ii yes, what is the	e status of the grievance:				
Has the compla	int been filed with or	do you intend to file the compla	aint with a	nny other Federal	
	ivil rights agency or co	_		my other rederan	
Yes, a compla	int has been filed	Yes, I intend to file a compla	aint	No	
If yes:					
Agency or court r	name		ate filed		
rigericy of court i	idilic	Sato mou			
Mailing Address, (City, State, ZIP Code	A	gency contact		
Agency phone nu	mber Other phone num	mail address			
Please sign and	date this request. You	u do not need to sign if submit	ting this fo	orm by email, just	
type your name	. .				
Signature	uardian may sign on beh	alf of minor child	Date		
		an of filmor child. ivalent may sign on behalf of adult	documenta	ation is required.	
For Administrat					
	ive Use Only:				
Action taken:	ive Use Only:				
	ive Use Only:		Date rece	eived	
	ive Use Only:		Date rece	eived	
	ive Use Only:		Date rece	eived	

Have efforts been made to resolve this complaint through the internal grievance procedure of the