

Otero County DHS Civil Rights Complaint Form

Client/Complainant Information (Please type or print clearly)

Client Name

Client Residential Address

Client Mailing Address (if different from residential address)

Client Telephone Number & email address

Information about discriminating agency and/or parties

Agency name and/or person's name

Information about discrimination (circle as many as apply)

race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed, ethnic origin, ancestry, gender, gender expression, public assistance status.

If you filed this charge with any other agency, please give the name, address and telephone number of the agency and the name of the investigator assigned to this case.

Details of Discrimination

Explain what happened to you, including the following points:

1. Why you believe you were treated differently.
2. How you were treated differently from other people
3. Give the date(s) of the incident(s).
4. Give the name(s) of the people who were directly involved.
5. If there were any witnesses, give their name(s), contact information and explain what information they can provide.
6. What resolution do you seek?
7. Any additional information

If you need more space, attach additional pages.

Signature

Date

To be completed by investigating County Agency. Provide summary and any corrective action ordered

For additional information or help in completing this form, please contact:

Otero County Department of Human Services Director

719-383-3168 (voice) 719-383-3150 (fax) 711 or 1-800-659-2656 (TTY/TDD)