



Civil Rights and ADA Contact Person
 Jeff Hembury, Human Resources Manager
 530 E. Main St, Suite 303, Aspen, CO
 81611

Phone: 970-920-5240
 Pitkin County TTY: 970-429-2700
 Email: civilrights@pitkincounty.com
 Website: www.pitkincounty.com

Civil Rights Grievance Form

Please fill out this form completely in print or type. Sign and return to the Civil Rights Contact Person via mail, fax or email within 60 days of the incident. The Civil Rights Contact Person will conduct informal investigations within 60 days of receiving the complaint. Investigative procedures will depend on the nature and extent of the discrimination alleged and the context in which the alleged incidents occurred. Appropriate investigative procedures may include informal review or a formal investigation. Investigations should be conducted in a timely manner and completed within 120 days. If you require assistance completing this form, please contact the Civil Rights Contact Person listed at the top of this form.

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK or CELL PHONE (Please include area code)	
MAILING ADDRESS			CITY
STATE	ZIP CODE	EMAIL ADDRESS (If available)	

How would you like us to contact you?

Email Mail In Person Telephone Other _____

Please provide any known contact information for the person, department or organization that you believe discriminated against you (or someone else)

NAME		DATE(S) DISCRIMINATION OCCURRED	
AGENCY PHONE (Please include area code)		OTHER PHONE (Please include area code)	
MAILING ADDRESS			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.

Have efforts been made to resolve this complaint through the internal grievance procedure of the government agency, organization, or institution?

Yes No

If yes, what is the status of the grievance?

Has the complaint been filed with or do you intend to file the complaint with any other Federal, State, or local civil rights agency or court?

Yes, a complaint has been filed Yes, I intend to file a complaint No

If yes:

Agency or court name	Date filed
Mailing Address, City, State, ZIP Code	Agency contact
Agency phone number Other phone number	Email address

Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.

Signature <i>Parent or Legal Guardian may sign on behalf of minor child. Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.</i>	Date
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For Administrative Use Only:

Action taken:	Date received
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Civil Rights Contact Person	Date
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