

Reclamation Manual

Directives and Standards

7-2653 (09/2014)
Bureau of Reclamation



CONTACT SHEET

Bureau of Reclamation Public Civil Rights Mail to: Civil Rights Division, 84-59000 Questions: 303-445-3680		
Basis Categories		
<input type="checkbox"/> Title VI <input type="checkbox"/> Title II, ADA <input type="checkbox"/> 504,508 Rehabilitation Act <input type="checkbox"/> Age	<input type="checkbox"/> Title IX, Education Act <input type="checkbox"/> Environmental Justice (E.O. 12898) <input type="checkbox"/> Limited English Proficiency (E.O. 13166) <input type="checkbox"/> 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 and x by the basis that applies to your situation)		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Status as a parent <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____		Date _____
Number of work hours expended: _____		