

Reclamation Manual

Directives and Standards

7-2654 (11-2015)
Bureau of Reclamation

RECLAMATION
Managing Water in the West

COMPLAINT FORM

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. 13168) <input type="checkbox"/> Other	Reclamation Public Civil Rights Civil Rights Division, 84-59000 P.O. Box 25007, Denver Federal Center Denver CO 80225 Questions: (303) 445-3680
Case Number: _____		
Complainant Information		
Full Name and Complete Address _____ _____ _____		
Home Telephone Number _____		Best Time to Reach You _____
Cell Number _____		
Person(s) Alleging Discrimination, if different from above:		
Full Name and Complete Address _____ _____ _____		
Home Telephone Number _____		Best Time to Reach You _____
Cell Number _____		Relationship to Complainant _____
E-mail Address _____		
Basis of Complaint (Mark an 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		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name _____		
Address _____		
Telephone Number _____		
May we use your name when speaking with the respondent (or their representative)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.		
1 st Name and Address _____		
Telephone Number _____		
2 nd 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? _____		

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Filing Information														
<p>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.</p>														
Retaliation														
<p>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.</p>														
<p>Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of the Interior? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What agency or department or program was it filed? _____</p> <p>Address _____</p> <p>Telephone Number _____</p> <p>Date of Filing _____</p> <p>If so, can you provide the complaint number? _____</p>														
<p>Briefly, what was the complaint about?</p>														
<p>What was the result?</p>														
<p>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?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Department of Justice</td> <td><input type="checkbox"/> Equal Employment Opportunity Commission</td> </tr> <tr> <td><input type="checkbox"/> Federal or State Court</td> <td><input type="checkbox"/> Your State or local Human Rights Commission</td> </tr> <tr> <td><input type="checkbox"/> Grievance or complaint office</td> <td></td> </tr> </table> <p>If you have already filed a charge or complaint with an agency indicated above, please provide the following information</p> <table style="width: 100%; border: none;"> <tr> <td>Agency _____</td> <td>Date Filed _____</td> </tr> <tr> <td>Case or Docket Number _____</td> <td>Date of Trial/Hearing _____</td> </tr> <tr> <td>Name of Investigator _____</td> <td></td> </tr> <tr> <td>Location of Agency _____</td> <td></td> </tr> </table> <p>Status of Case:</p>	<input type="checkbox"/> Department of Justice	<input type="checkbox"/> Equal Employment Opportunity Commission	<input type="checkbox"/> Federal or State Court	<input type="checkbox"/> Your State or local Human Rights Commission	<input type="checkbox"/> Grievance or complaint office		Agency _____	Date Filed _____	Case or Docket Number _____	Date of Trial/Hearing _____	Name of Investigator _____		Location of Agency _____	
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<p>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.</p>														
Signature														
<p>Please sign and date this complaint form below (Signature Required)</p> <p>Signature _____ Date _____</p>														