V. Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Julia Yager, Boulder County’s Title VI Coordinator. Ms. Yager can be contacted at: jyager@bouldercounty.org
303-441-3525

Mailing address:
P.O. Box 471
Boulder, CO 80306

Physical address:
2025 14th Street
Boulder, CO 80302

Name_________________________________________________________________
Address_______________________________City________________Zip___________
Phone: Home_________________Work_____________Mobile___________________
Email: _______________________________________________________________

Basis of Complaint (circle all that apply):

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
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<tbody>
<tr>
<td>National Origin</td>
<td>Sex/Gender</td>
</tr>
<tr>
<td>Age</td>
<td>Disability</td>
</tr>
<tr>
<td>Retaliation</td>
<td>Other:</td>
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</tbody>
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Who discriminated against you?

Name_________________________________________________________________
Name of Organization____________________________________________________
Address_______________________________City________________Zip___________
Telephone____________________________

How were you discriminated against? (Attach additional pages if more space is needed)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Where did the discrimination occur?
______________________________________________________________________
______________________________________________________________________

Dates and times discrimination occurred?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
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How would you like to see this situation resolved?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who ______________________________________ When ______________________
Status (pending, resolved, etc.) ___________________________ Result, if known ___________
Complaint number, if known ________________________________

Do you have an attorney in this matter?

Name_________________________________       Phone____________________
Address___________________________________ City______________ Zip_______

Signed___________________________________Date________________