

Huerfano County
Department of Human Services
Heather Wellman, PhD
Director



121 West 6th Street, Walsenburg, Colorado 81089
Phone: 719-738-2810
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Civil Rights Complaint Form

Please fill out this form completely in print or type. Sign and return to the Civil Rights Coordinator via mail, fax, or email within 60 days of the incident. Complaints are processed as quickly as possible but may take up to 30 days. If you require assistance completing this form, please contact the Civil Rights Coordinator. Heather Wellman, heather.wellman@state.co.us 719-738-2810 ext. 118

Person Filing Complaint:

Name: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____ E-mail: _____

Person / Entity you are filing complaint about:

Name: _____

Department: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____ E-mail: _____

Nature of the Alleged Civil Rights Violation _____

Date of incident _____

Witnesses:

Name Address Phone Number

Name Address Phone Number

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.

Are additional pages attached? Yes No If so, how many? _____

Have you filed a complaint about this matter with any other federal, state or local agency?

Yes No If yes, please provide the following information:

Agency Name: _____

Contact Person: _____

Phone Number: _____

Please sign and date this request:

Signature: _____

Date: _____

For Administrative use only:

Action taken: _____

Date: _____

Civil Rights Coordinator Signature: _____

Date: _____