



**DHS**

**Mesa County Department of Human Services**

*Safety • Stability • Meaningful Employment*

## ***Discrimination Complaint Form***

*To be completed by any Mesa County Department of Human Services (MCDHS) Employee, client, or potential client alleging MCDHS is in violation of its own Non-Discrimination Policy or any provision of:*

***Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91***

Today's Date: \_\_\_\_\_

(A) Name of Complainant: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other means of Contact \_\_\_\_\_

(B) Location and name of office where alleged discrimination occurred:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

(C) Please describe the nature of the incident or action, or the aspect of the program administration that lead to this allegation of discrimination:

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*"The Mission of the Mesa County Department of Human Services is to help individuals and families achieve safety, stabilization and opportunity for meaningful employment."*

 **970-241-8480**  **[www.mesacounty.us/human-services](http://www.mesacounty.us/human-services)**

 **510 29 1/2 Road • Grand Junction, CO 81504**



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(D) List the reason for the alleged discrimination (race, color, ethnic or national origin, ancestry, gender, gender identity and expression, sexual orientation, intersex status, religious or political beliefs, creed, public assistance status, military status, age, intellectual, mental, physical or medical disability (including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions), in performance of work, provision of services, method of payment or in admission to, participation in, or receipt of the services and benefits or any of its programs and activities. In medical assistance programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds

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(E) Please list the name(s) and title(s), if appropriate, of person(s) who may have knowledge of the alleged discriminatory act:

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(F) Please list the date(s) on which the alleged discriminatory action(s) occurred:

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**Upon completion of this form, please drop off, deliver, mail, or fax your form to:**

Mesa County Department of Human Services

Office: 970-241-8480

FAX: 970-248-2849

PO Box 20000-5035

Grand Junction, CO 81502-5035

Revision 03/2025

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