

MESA COUNTY DEPARTMENT OF HUMAN SERVICES

Policy and Program Area: Agency-wide

Title: Treatment of Client Discrimination Complaints

Policy Number: DHS-2020-03

Effective Date: 09/22/2020

Revision Date: 05/15/2025

Purpose:

The purpose of this policy is to offer resources to applicants/clients that express a desire to file a discrimination complaint in regards to Mesa County Department of Human Services (MCDHS) provision of client benefits and services and admission to and participation of program and activities; to inform staff with a comprehensive understanding of discrimination as well as provide an internal consistent process for treatment of discrimination complaints.

Policy Statement:

MCDHS is committed to providing an inclusive and welcoming environment for all clients.

MCDHS, as a recipient of Federal financial assistance, does not and will not exclude, deny benefits to, or otherwise discriminate against any person on the basis of 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), age, 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.

This statement is in accordance with the provisions of the Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the American Disabilities Act, 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.

All Civil Rights complaints are tracked by MCDHS and sent to State agencies if required per program rules or State statute.

Per federal law, anyone who works for or contracts with MCDHS will not retaliate against an applicant/recipient or individual who files a complaint or who cooperates in the investigation of a civil rights complaint nor will an individual's assistance be terminated for filing a complaint.

Federal Law/Regulation References:

[Age Discrimination Act of 1975](#)

[American Disabilities Act of 1990](#)

[Civil Rights Act of 1964](#)

[Rehabilitation Act of 1973: Section 504](#)

[U.S. Department of Health and Human Services: Code of Federal Regulations: Title 45- Parts 80; 84; 91](#)

State Law/Regulation References:

[Adult Financial: 9 CCR 2503-5 Volume III \(3\).520.1 \(K\); \(3\).520.67 \(D\) C](#)

[Child Welfare: 9 CCR 2509-7 Volume VII \(7\).604; \(7\).608.31](#)

[Child Care: 8 CCR 1403-1 Volume III \(3\).104.1 Anti-Discrimination](#)

[SNAP: 10 CCR 2506-1 Volume IV \(4\).160-\(4\).160.22; \(4\).505.51 \(B\)](#)

[Medical Assistance: Nondiscrimination Policy](#)

[Medical Assistance: 10 CCR 2505-5: 1020.6; 1020.7 \(d\)](#)

[TANF/Colorado Works: 9 CCR 2503-6 Volume III \(3\).609.74](#)

State Required Policy:

[HCPF OM 23-003 County Civil Rights Plan](#)

[Colorado Department of Labor and Employment – Workforce Development Program – WIOA Complaint Process - PGL#: ADM-2015-01, Change 2](#)

[Colorado Department of Labor and Employment – Workforce Development Program – Processing Discrimination Complaints – PGL#: ADM-2019-01](#)

Additional State and Federal Resources:

Civil Rights/Discrimination

Federal:

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, SW

Room 509F, HHH Building

Washington DC 20201

Voice Phone: (800) 368-1019

TDD: (800) 537-7697

FAX: (202) 619-3818

Email: ocrmail@hhs.gov

OCR Online Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Rocky Mountain Region Address

HHS/Office for Civil Rights

1961 Stout Street

Room 08-148

Denver CO 80294

Phone Numbers – Same as Federal

U.S. Department of Agriculture

Office of Assistant Secretary for Civil Rights (OASCR)

1400 Independence Avenue, SW, Mail Stop 9410

Washington, D.C. 20250-9410

Voice Phone (202) 260-1026 or (202) 690-0443

Toll Free: (866) 632-9992

Local or Federal Relay: (800) 877-8339

Spanish Relay: (866) 377-8642

Fax: (202) 690-7442

Email: program.intake@usda.gov

USDA Complaint Form:

https://www.ascr.usda.gov/sites/default/files/Complain_combined_6_8_12_508_0.pdf

US Department of Labor

Director, Civil Rights Center (CRC)

200 Constitution Avenue, NW

Washington DC 20210

State:

Colorado Department of Human Services (CDHS)

Civil Rights Unit

Hotline: 800-929-0791

Phone: (303) 866-3275

Email cdhs_civilrights@state.co.us

Manager: Collin Nordgren collin.j.nordgren@state.co.us

Unit Supervisor: Chelsey Hess chelsey.hess@state.co.us

CDHS Website: <https://cdhs.colorado.gov/>

Colorado Department of Health Care Policy and Financing

Civil Rights Officer

303 E 17th Avenue

Denver, CO 80203

Telephone: 303.866.6010

State Relay: 711

Fax: 303.866.2828

Email: hcpf504ada@state.co.us

<https://hcpf.colorado.gov/americans-disabilities-act>

Supplemental Nutrition Assistance Program (SNAP)

Colorado Department of Human Services

Attn: SNAP Manager

1575 Sherman St., 5th Floor, Denver CO 80203,

FAX: (303)866-4403) or email to CDHS_snap_team@state.co.us

Colorado Department of Early Childhood (CDEC)

Colorado Department of Regulatory Agencies

Colorado Civil Rights Division

1560 Broadway, Suite 825

Denver, Colorado 80202

Voice Phone: (303) 894-2997

TDD Relay: 711

General Inquiries: DORA_CCRD@state.co.us

Intake Unit: DORA_CCRDIntake@state.co.us

ADR Unit (Mediation and Conciliation): DORA_CCRDADR@state.co.us

Investigation Unit: DORA_CCRDInvestigations@state.co.us

Colorado Department of Labor and Employment

State EO Officer

Equal Opportunity Team Manager

633 17th Street, Suite 1200

Denver, CO 80202

Phone: (303) 318-8017

Fax: (303) 318-8070

Child Support Services – State Office

1575 Sherman Street, 5th floor

Denver CO 80203

Phone: (303) 866-4300

Fax: (303) 866-4360

Website: <https://childsupport.state.co.us/>

Child and Family Services (Child Welfare)

Civil Rights Unit

1575 Sherman St.

Denver CO 80203

Phone: (303) 866-3275

Email: cdhs_clientservices@state.co.us

Website: <https://cdhs.colorado.gov/our-services/child-and-family-services>

Policy Terminology:

Ancestry: refers to the country, nation, tribe or other identifiable group of people from which a person descends

National Origin: Refers to a person's, or his or her ancestor's, country of birth or because a person has physical, cultural or linguistic characteristics of a national origin group.

Creed: A set of fundamental beliefs or aims which guide someone's actions.

Discrimination: Is the selection for unfavorable treatment of an individual or individuals on the basis of: gender, race, color or ethnic or national origin, religion, disability, sexual orientation, social class, age (subject to the usual conventions on retirement), marital status or family responsibilities, or as a result of any conditions or requirements that do not accord with the principles of fairness and natural justice.

Sex: Either of the two main categories (male and female) into which humans and most other living things are divided on the basis of their reproductive functions.

Sexual Orientation: a person's identity in relation to the gender or genders to which they are sexually attracted; the fact of being heterosexual, homosexual, etc.

Intersex Status: The status of having physical, hormonal or genetic features that are: neither wholly female nor wholly male; or. a combination of female and male; or. neither female nor male.

Gender Identity: A personal conception of oneself as male, female, both or neither.

Gender Expression: is the manner in which an individual manifest a gender identity.

Procedure:

When an applicant/client alleges discrimination, the complainant will be informed the complaint must be submitted in writing and must be filed within the following time frames from the date of the alleged discrimination:

- 180 days for the SNAP, Colorado Works and Adult Financial programs
- 60 days for Medicaid programs

The complainant will be given the [MCHDS Discrimination Complaint form](#) to complete.

If the complaint is a Food Assistance/SNAP the complainant will be given the additional options of using the “USDA Complaint” form or writing the required information in another format.

The complainant will be informed that the county can assist in writing and filing the complaint:

The employee will assist the complainant in writing the complaint if the complainant is unwilling or unable to put the allegations in writing.

The employee will assist in submission of the complaint.

If the complainant does not require assistance the employee will advise the complainant they may send their complaint to the State office, the Federal office or both. Provide the complainant with the appropriate addresses listed above in the resource section of this policy.

The complaint form must include the following information:

Name, address, telephone number or other contact information of the complainant

Location and name of office where the alleged discrimination occurred

Nature of incident or action that led to the alleged discrimination

Reason for the alleged discrimination (See reasons above in page one (1) in “*Policy Statement*” area)

Name and title of person(s) who may have knowledge of the act

Dates(s) on which the action occurred

Once a written complaint is received, the submitted “Discrimination Complaint” will be date-stamped when received.

Within twenty-four (24) hours of receiving the complaint, the complaint will be emailed to the dhs.complaints@mesacounty.us. The Policy & Informatics Supervisor or designee will enter the complaint into the MCDHS Civil Rights Complaint Log.

Within five (5) working days of receiving the initial complaint a copy of the “Discrimination Complaint” will be provided to the complainant.

- *If the complaint is received from a Food Assistance/ SNAP applicant or recipient, a copy of the complaint must also be sent to*

Colorado Department of Human Services
Attn: SNAP Manager
1575 Sherman St., 5th Floor, Denver CO 80203,
FAX: (303)866-4403) or email to CDHS_snap_team@state.co.us

The Policy & Informatics Supervisor or designee will review the complaint. If the complaint is received by someone other than a Division Director, the Policy & Informatics Supervisor will forward the complaint to the applicable Division Director and Manager/Administrator for investigation of complaints against line staff may be delegated to a supervisor with manager/administrator/division director oversight and responsibility.

Within five (5) working days of being assigned the complaint from the MCDHS Civil Rights contact person (MCDHS director or designee), the assigned manager/administrator/supervisor or division director will begin investigating the complaint. In no instance can an individual who had a complaint received against them be the individual conducting the investigation.

- Review the allegation
- Interview the complainant and document the relevant information surrounding the circumstances of the complaint.
- Interview the accused staff person and document the relevant information surrounding the circumstances of the complaint.
- Summarize the findings, any actions taken to resolve, and document any recommendations.
- Submit all associated findings documents to the MCDHS director Division director (if a supervisor was assigned)
- Submit to the Policy & Informatics Supervisor, the summary of findings, any actions taken to resolve, and all correspondence sent to the complainant, for tracking purposes.

The director or designee will review the relevant information surrounding circumstances and outcomes of the complaint. In the event of a conflict of interest, the complaint will be handled/investigated by a non-biased individual. The County Attorney's Office can be contacted to investigate if necessary.

Within five (5) working days of the investigation conclusion and findings the applicable manager/administrator or division director will:

- Notify the Policy & Informatics Supervisor of the findings, outcome and documents via email at dhs.complaints@mesacounty.us
- Notify the complainant of the investigation outcome in writing.
- Notify the complainant of their right to an initial appeal that must be filed within thirty (30) days from receiving the investigation decision
- The appeal must include why the complainant disagrees with the decision and any additional material that is applicable to the complaint.
- The contact information (department, contact person, address) to send the appeal to.
 - If the complaint involves a Medicaid program governed by HCPF (Health Care Policy & Financing), the complainant may appeal the Medicaid portion to MCDHS, the state or both.

Appeals

Individuals have a right to appeal the outcome of the complaint if they are not satisfied with the decision. At the time of notifying the applicant, recipient, and/or the individual that submitted the complaint of the results of the investigation, they shall also be notified of their right to appeal the initial decision rendered by MCDHS.

Per state and federal law, individuals can submit a civil rights or discrimination complaint directly to the state or federal government. All of the options listed below, which are listed in the MCDHS office lobbies and high-traffic areas, are in regards to the direct individual submission of civil rights and discrimination complaints. To submit a complaint, an individual can file online, email, mail or fax the information.

Non-Medical Program Appeals

Individuals who wish to appeal decisions for all programs except Medicaid programs Must submit their appeal in writing to the appropriate State or Federal contact for the applicable program. The appeal must state the reason the individual disagrees with the decision and any additional information or documentation that may be applicable to the complaint.

Complainants may submit their appeal to MCDHS. If appeal information is received by MCDHS, it will be forwarded to the applicable State or Federal agency with a copy to the Policy & Informatics Supervisor for tracking purposes.

Medical Program Appeals (Programs governed by HCPF (Health Care Policy & Financing) – *Refer also to* Mesa County Department of Human Services Civil Rights Plan.

A complainant may appeal to MCDHS, HCPF or both

To appeal, the individual needs to do the following within thirty (30) calendar days of receiving the initial written decision rendered by MCDHS:

- Briefly state in writing the reason the individual disagrees with the decision and any additional information or documentation that may be applicable to the complaint.
- Mail the appeal request to:
Mesa County Department of Human Services
ATTN: Jill Calvert, Civil Rights Contact Person
510 29 ½ Road
Grand Junction, CO 81504

The appeal will be forwarded to HCPF and to the MCDHS appeal designee(s) (FOQA Administrator and/or Fraud & Recovery Supervisor) by the Civil Rights contact person.

The initial decision and all evidence used for the initial decision rendered will be made available to the MCDHS appeal designee(s)

Appeal decisions must be rendered by the MCDHS appeal designee(s) within fifteen (15) calendar days of the appeal being received by MCHDS.

When making an appeal decision, the MCDHS appeal designee(s) will consider all relevant evidence including any additional evidence submitted by the complainant for the appeal.

The appeal decision must be provided in writing to the following:

- MCDHS Civil Rights contact person
- The complainant or individual who submitted the appeal/complaint
- The Policy & Informatics Supervisor for tracking purposes.
- HCPF via one of the following ways:
 - Email to HCPF County Relations hcpf_countyrelations@state.co.us
 - County Relations email Webform ticket <https://hcpfdev.secure.force.com/HCPFCountyRelations>

If the complaint is founded, the outcome of the investigation, process changes, and training that will be implemented as a result of the investigation will be submitted within three (3) calendar days to HCPF.

A copy of this policy is available to the complainant upon request.

Contact Person (for Division Specific Policy):

Jill Calvert, Executive Director - Mesa County Department of Human Services

Jill.calvert@mesacounty.us

Barbara Golden, Executive Deputy Director - Mesa County Department of Human Services

Barbara.golden@mesacounty.us

Joe Kellerby, Division Director-Child Welfare/Adult Protection Services Division

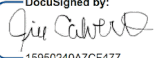
Joe.kellerby@mesacounty.us

Heather Nara, Workforce Center Director – Mesa County Department of Human Services Heather.nara@mesacounty.us

Melissa Schierland, Division Director-Economic Assistance Division

Melissa.schierland@mesacounty.us

Authorizing Signature(s):

DocuSigned by:

715950240A7CF477...
Jill Calvert

5/20/2025 | 11:43 MDT

Date Signed

Attachments:

Discrimination Complaint Form



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:

"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**

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



Discrimination Complaint Form

(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 inadmission 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

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

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

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

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