



CIVIL RIGHTS COMPLAINT FORM

Family Advocates is a subrecipient of federal funds through the Idaho Council on Domestic Violence and Victim Assistance (ICDVVA), which is under the Idaho Department of Health and Welfare (DHW). ICDVVA is a recipient of federal funds under the U.S. Department of Justice and the U.S. Department of Health and Human Services. As a recipient of these funds, Family Advocates must comply with statutes and regulations which collectively prohibit discrimination based on race, color, national origin, sex, religion, disability, and age.

Please complete by typing in the shaded areas.

Date/Place (Street Address) discriminatory act took place:

Names and Titles of Program and/or employee(s) involved:

Names, Addresses and Telephone Numbers of Witnesses:

Reason for the Alleged Discrimination:

<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex
<input type="checkbox"/> National Origin	<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Political Beliefs

Does your charge of discrimination involve?

☐ Your job or seeking employment **or** ☐ Seeking/receiving services

Which of the following applies?

<input type="checkbox"/> Hiring	<input type="checkbox"/> Brutality
<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Harassment
<input type="checkbox"/> Promotion	<input type="checkbox"/> Language
<input type="checkbox"/> Demotion	<input type="checkbox"/> Applying rules/laws differently
<input type="checkbox"/> Discipline	<input type="checkbox"/> Access to buildings/programs
<input type="checkbox"/> Layoff/Recall	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Segregation
<input type="checkbox"/> Termination	<input type="checkbox"/> Standards/opportunities/programs
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____

Please describe what happened:

Why do you believe this occurred?

If this complaint is resolved to your satisfaction, what remedy do you seek?

Name of Person Lodging Complaint: _____

Address: _____

Phone: _____ Email: _____

Signature

Date

SUBMIT COMPLAINT FAMILY ADVOCATES TO:

HUMAN RESOURCES
9777 W. Chinden Blvd, Garden City, ID 83714

or

HR@familyadvocates.org

**NONDISCRIMINATION
COMPLIANCE AGENCIES**

U. S. Department of Justice
Office of Justice Programs
Office For Civil Rights
810 Seventh Street, NW
Washington, DC 20531
202) 514-4609 (voice)
(202) 514-0716 (TTY)

HHS Director
Office for Civil Rights
Room 515-F
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 (voice)
(800) 537-7697 (TTY)

COVERED PROGRAMS

VOCA Victim Assistance Formula Grant

Family Violence Prevention & Services State
Grant (FVPSA)