

Process Manual
Acting on a Civil Rights Complaint

Overview

This document provides a step-by-step process for how to process a customer’s request to file a civil rights complaint.

Program Area	State Office Mailing Address	Federal Office Mailing Address
Food Assistance	CO Department of Human Services Supplemental Nutrition Assistance Program Attn: SNAP Manager 1575 Sherman St., 3 rd Floor Denver, CO 80203 Fax: (303)866-5098	U.S. Dept. of Agriculture Director, Office of Adjudication 1400 Independence Ave, SW Washington, DC, 20250-9410 Phone: (202)260-1026 Fax: (202)690-7442 Relay: (800)877-8339 https://www.ascr.usda.gov
Colorado Works	CO Department of Human Services 1575 Sherman St., 8 th Floor Denver, CO 80203 Phone: (303)866-4511 Fax: (303)866-5563 Josephine.Martinez@state.co.us	
Adult Financial	CO Department of Human Services 1575 Sherman St., 8 th Floor Denver, CO 80203 Phone: (303)866-4511 Fax: (303)866-5563 Josephine.Martinez@state.co.us	
Medical Assistance	504/ADA Coordinator Health Care Policy & Financing 1570 Grant Street Denver, Colorado 80203 Telephone: (303)866-6010 FAX: (303)866-2828 State Relay 711 Email: hcpf504ada@state.co.us	

Process

Any customer expressing interest in filing a discrimination complaint must be advised of the procedures involved. Advise the customer that any County employee can assist with writing and filing the complaint if the customer is unable to complete it themselves.

1. All complaints must be in writing.
2. The customer must choose to use either the USDA Complaint Form or write the required information in another format.
 - The USDA Complaint form can be found on the USDA Office of the Assistant Secretary for Civil Rights website. <https://www.ascr.usda.gov>.
3. If the customer requests assistance in filing the complaint, the County office must submit the complaint to the State office so it can be forwarded to the Federal office.

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4. The complaint 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 (age, race, color, sex, disability, religious creed, national origin, political beliefs)
 - Name and title of person(s) who may have knowledge of the act
 - Date(s) on which the actions occurred
5. Date stamp the complaint or make sure the date is noted on the complaint.
6. Share the details of the customer's complaint with your agency's Civil Rights Officer and/or your direct Supervisor/Manager.

If the customer does not require assistance, notify the customer of the following:

1. Advise the customer that they may send their complaint to the State office, Federal office, or both.
2. Provide the customer with the appropriate addresses listed in the table above.

Do you have any questions or suggestions regarding this process? Please contact the SDC via email SOC_StaffDevelopment@state.co.us

