

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Child and Family Services Helping people. It's who we are and what we do.



Ross Armstrong Administrator

Civil Rights Complaint Form

Grants Management Unit (GMU) Written Statement of Concern/Complaint with Grant Programs

COVER PAGE

Date: _____

| Person Filing Complaint: | Person or Entity/Subaward) you are Filing a Complaint about: |
|--------------------------|---|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip | City, State, Zip: |
| Day Time Phone: | Day Time Phone: |
| E-mail: | E-mail: |

What do you believe is the basis for the Discriminative Act or Discrimination?

| Disability | Race | Sex | Color | Religion | National Origin |
|------------|------|-----|-------|----------|-----------------|
| Other | | | | | |

Does this statement of concern/complaint allege discrimination?

Was a complaint concerning this matter was filed with a federal, state, or governmental agency? \Box Yes \Box No

If yes, please list the agency, complaint number, name of contact person, phone number, and status of complaint:

What office or agency, if any, referred you to our office?

Civil Rights Complaint Form

Grants Management Unit (GMU)

Written Statement of Concern/Complaint with Grant Programs

Please clearly describe the civil rights violation/discrimination that you would like to DCFS-GMU to review and address. Please describe the nature of the incident, the date, where the incident occurred, names of any witnesses and alleged wrongdoers and their contact information. **Please also include copies of any supporting documentation (do not send the original documents).

| (If more space is needed to describe | the incident, please | attach addition | al sheets) | |
|--|---|----------------------------------|------------------|---------------------|
| How would you like to be contacted | ? DEmail | □Phone | □Mail | |
| Please check one: | | | | |
| ☐ I prefer to be contacted by th program in question (this cov | 0 | · · · | | ontacted by the |
| I'm opened to be contacted b select this option please know | • | • | 1 0 | 1 |
| I hereby authorize the DCFS Gran related to my concern with the pro- | 0 | nit to share thi | s form and any o | other documentation |
| Print Name | | Sign | nature | Date |
| I hereby authorize the program in c information regarding my personal DCFS Grants Management Unit. | | | | |
| Print Name | | Sign | nature | Date |
| Other than sharing this information v to the concern shall be kept confider Please save this form and e-mail it | ntial at the discretion | of DCFS Gran | • | |
| Child a | GMU-Social Sector of Hereit GMU-Social Sector of Hereit and Family Services chnology Way, 3 rd F | ealth and Huma Grants Manag | ement Unit | |