# **Title VI Complaint Procedures**

Title VI Discrimination Complaint Procedure for Easter Seals Colorado

Federal law prohibits discrimination on the basis of race, color, national origin, age, sex, or disability in any Easter Seals Colorado program or activity. This prohibition applies to all branches of Easter Seals Colorado, its contractors, consultants, and anyone else who acts on behalf of Easter Seals Colorado.

Federal law requires that Easter Seals Colorado investigate, track, and report discrimination complaints. Complaints must be filed in writing and will be investigated within sixty days of submission. If you need assistance to file your complaint or need interpretation services, please contact Krasimir Koev, Vice President of Programs, at 303-233-1666 ext.222.

Easter Seals Colorado encourages anyone with a Title VI issue to come forward immediately so that we may make any necessary corrections to come into compliance.

## Who is eligible to file a complaint?

Anyone who believes they have been excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any Easter Seals Colorado program or activity because of their race, color, national origin, age, sex, or disability may file a complaint.

Discrimination includes lack of access, harassment, retaliation and disparate impacts from a program or activity. Harassment includes a wide range of abusive and humiliating verbal or physical behaviors. Retaliation includes intimidating, threatening, coercing, or engaging in other discriminatory conduct against anyone because they filed a complaint or otherwise participated a discrimination investigation.

## How do you file a complaint?

Complaints must be filed in writing within 180 days from the last date of the alleged discrimination. However, contact Krasimir Koev, Vice President of Programs, at 303-233-1666 ext.222 if you believe your complaint may fall outside this deadline.

Reasonable efforts will be made to assist persons with disabilities, non-English speakers, and others unable to file a written complaint. For assistance in filing a complaint, please contact Krasimir Koev, Vice President of Programs, at 303-233-1666 ext.222.

Complaints may be submitted via mail, email, fax or in person to:

Krasimir Koev, Vice President of Programs 393 South Harlan #250, Lakewood, CO 80226

Phone: 303-233-1666 ext.222 Fax: 303-233-1028

kkoev@eastersealscolorado.org

## What happens after a complaint is filed?

Title VI complaints must be investigated within sixty days. Investigating a complaint includes interviewing all parties involved and key witnesses. The investigator may also request relevant information such as books, records, electronic information, and other sources of information from all involved parties. You may specify if there is a particular individual or individuals that you feel should not investigate your complaint due to conflict of interest or other reasons.

In some cases, complaints will be forwarded to appropriate government entities for investigation. If your complaint is forwarded to one of these agencies, you will be provided the name and contact information of the employee handling your complaint.

Federal law prohibits retaliation against individuals because they have filed a discrimination complaint or otherwise participated in a discrimination investigation. Any alleged retaliation should be reported in writing to the investigator.

# **Title VI Complaint Form**

Please complete this form to the best of your ability. If you need translation or other assistance, contact Krasimir Koev, Vice President of Programs, at 303-233-1666 ext.222.

|                                      |                          |                    | Zip                       |
|--------------------------------------|--------------------------|--------------------|---------------------------|
|                                      |                          |                    | bile                      |
| Emaii:                               |                          |                    |                           |
| Basis of Complaint (c                | circle all that apply):  |                    |                           |
| Race                                 | Color                    |                    |                           |
| National Origin                      | Sex/Gender               |                    |                           |
| Age                                  | Disability               |                    |                           |
| Retaliation                          | Other:                   |                    |                           |
| <i>Who discriminated a</i> g<br>Name | gainst you?              |                    |                           |
|                                      | <b>n</b>                 |                    |                           |
| Address                              |                          | City               | Zip                       |
| now were you discrif                 | minated against: (Attacl | r additional page. | s if more space is needed |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |
|                                      |                          |                    |                           |

| Where did the  | e discrimination occur?               |                   |                   |  |  |
|----------------|---------------------------------------|-------------------|-------------------|--|--|
| Dates and tim  | nes discrimination occurred?          |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
| Were there ar  | ny other witnesses to the discrin     | nination?         |                   |  |  |
| Name           | Organization/Title                    | Work<br>Telephone | Home<br>Telephone |  |  |
|                |                                       |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
| How would yo   | ou like to see this situation resol   | ved?              | 1                 |  |  |
|                |                                       |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
|                |                                       |                   |                   |  |  |
| -              | d your complaint, grievance, or l     |                   | -                 |  |  |
| Status (pendir | ng, resolved, etc.)<br>mber, if known | Result, if known  |                   |  |  |
| Do you have a  | an attorney in this matter?           |                   |                   |  |  |
| NameAddress    |                                       | Phone             |                   |  |  |
| Auui 699       |                                       | Oity              | Διμ               |  |  |
| Signed         |                                       | Dat               | Date              |  |  |