Blue Peaks Developmental Services, Inc. Title VI Civil Rights Complaint Form

Instructions: To submit a Title VI complaint to Blue Peaks Developmental Services, Inc., please print and complete the following form, sign and return to: Blue Peaks Developmental Services, Inc., please print and complete the following form, sign and return to: Blue Peaks Developmental Services, Inc., Attention: Executive Director, 703 4th St., Alamosa, CO 81101. For questions or a full copy of Blue Peaks' Title VI policy and complaint procedures, please submit a written request to the above address, call 719-589-5135 or e-mail bhayden@bluepeaks.org.

Section I:				
1. Name (Complainant):				
3. Home Address (Street No., 0	City, State, Zip)			
3. Phone:		4. Email	l Address:	
5. Accessible format requireme	ents? (please check	preference)		
☐ Large Print				
☐ Other (please indicate)				
Section II:				
6. Are you filing this complaint	on your own behalf?	□Yes □No		
(If you answered "yes" to this	s question, please go	to Section III.)		
7. If you answered "no" to que filing and why you are filing for	· •	ibe your relationship to	o the person (Comp	lainant) for whom you are
8. Have you obtained permiss	on of the aggrieved p	party (Complainant) to	file this complaint o	n his or her behalf?
□Yes □No				
Section III:				
9. Have you previously filed a	Title VI complaint with	n Blue Peaks? □Yes	s □No	
10. Have you filed this complai	nt with any other fede	eral, state, or local age	encies or with any fe	deral or state court?
□Yes □No				
11. If "yes," please check all the	at apply:			
☐ Federal Agency	☐ Federal Court	☐ State Agency	☐ State Court	☐ Local Agency
12. If filed at an agency and/or complaint was filed:	court, please provide	e information for your p	point of contact at th	e agency/court where the
Agency/Court:	Contact Name:	Address	<u>s:</u>	Phone Number:

Section IV:	_			
13. Date of Incident:	14. If applicable, name of pe	erson(s) who a	allegedly disc	criminated against you:
15. Discrimination based on (please check all that apply):		□Race	□Color	□National Origin
16. Please provide a brief expl	anation of the incident and how	w you feel you	ı were discri	minated against, including how
you feel others may have been				
material pertaining to your com				
17. Why do you believe this ev	ent occurred?			
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19. How can this issue be resolved to your satisfaction?				
	or additional information to support or clarify your complaint:			
Name: Address:	Phone Number:			
Section V:				
Signature:	Date of filing:			
Please note: Blue Peaks ca	nnot accept your complaint without a signature.			
Please mail your completed form to:				
i reade man year completed ferm to:	Executive Director			
	Blue Peaks			
	703 4 th St.			
	Alamosa, CO. 81101			