**Larimer County Department of Human Services (LCDHS)**

**Complaint Form**

**Attn:** Complaint Coordinator

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Name: |  | | | | | | | Today’s Date: | | | | |  |
| Preferred contact method: | | | |  | | | | | | | Date of Birth: | |  |
| Mailing Address: | |  | | | | |  | | | | |  |  |
|  | | Street | | | | | City | | | | | State | Zip Code |
| Telephone: |  | | | | | | Email: |  | | | | | |
| Provide any case number or other id number to help route your complaint: | | | | | | | | |  | | | | |
| Your role: | | | ☐ Subject of Investigation | | | ☐ Parent, Guardian, or POA of Client | | | | | | | |
|  | | | ☐ Client or Applicant | |  | ☐ Other: | | | |  | | | |

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| --- | --- | --- | --- |
| What type of complaint are you filing today? | ☐ Case Complaint | | ☐ Civil Rights Complaint |
| If you chose Civil Rights Complaint, please select the civil right that was violated: | ☐ Age  ☐ Color  ☐ Creed  ☐ Disability  ☐ National Origin  ☐ Political Beliefs |  | ☐ Public Assistance Status  ☐ Race  ☐ Religion  ☐ Sex  ☐ Sexual Orientation |

Please describe your complaint, providing the names of the employee or employees involved (if known).

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What do you want the Department to do in response to the complaint?

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What have you done to resolve the issue so far?

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Please provide any additional information here if needed:

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Once you have completed this form, please email to [hs-info@co.larimer.co.us](mailto:hs-info@co.larimer.co.us), mail the form or submit it in person at any one of the Human Services locations. The Complaint Coordinator or another staff member will contact you within 2 business days of receiving this form.

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_