



CIVIL RIGHTS COMPLAINT FORM

The Idaho Council on Domestic Violence and Victim Assistance (ICDVVA), under the Idaho Department of Health and Welfare (DHW), is a recipient of federal funds under the U.S. Department of Justice and the U.S. Department of Health and Human Services. As a recipient of these funds, the ICDVVA and all federally funded subrecipients must comply with statutes and regulations which collectively prohibit discrimination based on race, color, national origin, sex, religion, disability, and age.

The ICDVVA Procedure for Civil Rights Complaints is available at:
<https://icdv.idaho.gov/resources/civil-rights/>

Please complete by typing in the shaded areas.

Date/Place (Street Address) discriminatory act took place:

Names and Titles of Program and/or employee(s) involved:

Names, Addresses and Telephone Numbers of Witnesses:

Reason for the Alleged Discrimination:

Age Color Disability Sex
 National Origin Race Religion Political Beliefs

Does your charge of discrimination involve?

Your job or seeking employment **or** Seeking/receiving services

Which of the following applies?

<input type="checkbox"/> Hiring	<input type="checkbox"/> Brutality
<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Harassment
<input type="checkbox"/> Promotion	<input type="checkbox"/> Language
<input type="checkbox"/> Demotion	<input type="checkbox"/> Applying rules/laws differently
<input type="checkbox"/> Discipline	<input type="checkbox"/> Access to buildings/programs
<input type="checkbox"/> Layoff/Recall	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Segregation
<input type="checkbox"/> Termination	<input type="checkbox"/> Standards/opportunities/programs
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____

Please describe what happened:

Why do you believe this occurred?

If this complaint is resolved to your satisfaction, what remedy do you seek?

Name of Person Lodging Complaint: _____

Address: _____

Phone: _____

Email: _____

Signature

Date

SUBMIT COMPLAINT AGAINST ICDVVA TO:

Civil Rights Manager
Division of Human Resources
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0036

SUBMIT COMPLAINT AGAINST AN AGENCY RECEIVING VOCA AND/OR FVPSA FUNDING TO:

Executive Director
Idaho Council on Domestic Violence and Victim Assistance
PO Box 83720
Boise, ID 83720-0036

**NONDISCRIMINATION
COMPLIANCE AGENCIES**

U. S. Department of Justice
Office of Justice Programs
Office For Civil Rights
810 Seventh Street, NW
Washington, DC 20531
202) 514-4609 (voice)
(202) 514-0716 (TTY)

HHS Director
Office for Civil Rights
Room 515-F
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 (voice)
(800) 537-7697 (TTY)

COVERED PROGRAMS

VOCA Victim Assistance Formula Grant

Family Violence Prevention & Services State
Grant (FVPSA)