Governor's Office of Youth, Faith and Family



Civil Rights Complaint Form

	Your Inforr	nation	Р	erson/Organization in Complaint
Name:			Name:	
Address:			Address:	
City:			City:	
State:			State:	
Zip:			Zip:	
Phone:			Phone:	
Race			•	ou believe apply to your situation.
Color				
National Ori Religion	gin			
Sex/Gender				
Age				
Disability				
When did th	ne allegation occu	ır?		
First Time:		Last Time	Contin	nuous: Yes No

Governor's Office of Youth, Faith and Family



Civil Rights Complaint Form Continued

of discrimination and should include a written statement of the allegations. Please explain from the beginning to the end, what happened to you, when it happened, the names of people nvolved, names of witnesses, and any other information deemed appropriate.						

The GOYFF Director or Deputy Director will refer complaints alleging discrimination by a subrecipient to the Office of Civil Rights (OCR), Office of Justice Programs and/or the Civil Rights Division, Arizona Attorney General's Office, as appropriate, for investigation and resolution. The Director or Deputy Director will notify the complainant in writing of this referral. If the complaint is not referred to OCR, the complainant will be informed that they may file a complaint there if they so choose to. The complainant has the option to refer the complaint (within 180 days or 1 year of the alleged act of discrimination, depending on the relevant statute).

Office of Civil Rights (OCR), Office of Justice Programs U.S. Department of Justice 810 Seventh Street NW Washington, DC 20531 https://ojp.gov/about/ocr/complaint.htm

Arizona Attorney General's Office Office of Civil Rights Division-Phoenix Office 2005 N Central Ave Phoenix, AZ 85004-2926