

Clifton Sanitation District
Discrimination Complaint Form



Name

Preparer (if different)

Phone Number

Mailing Address

City

State

Zip

Email Address

Preferred Contact Method

Email

Mail

Phone

Other

Nature of Complaint

Please provide a complete description of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program, or activity:

Please specify location related to complaint:

Please state what you think could be done to resolve the issue:

Name

Signature

Date

Return completed form within 60 days of incident to:

Eli Jennings - District Manager

3217 D Road

Clifton, CO 81520

ejennings@cliftonsanitation.com