

**OFFICE OF THE STATE COURT ADMINISTRATOR
EEO & DIVERSITY PLAN
COMPLAINT/GRIEVANCE FORM**

Complainant Name		Date	
Address			
City		State	Zip Code
Home Phone		Alternate Phone	
Court/Department - City and State Location			

Description of the alleged incident *(please be specific and include information about the alleged incident such as name, address, phone number of complaint and location, date and description of the incident, etc.)*

***I require alternative means of filing my complaint.
Please contact me at one of the phone numbers below to make arrangements.***

Phone Number		Alternate Number	
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The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged incident to any of the following:

- Chief Judge
- Judicial District Administrator
- Chief Probation Officer
- Human Resources Division of the State Court Administrator's office at:
1300 Broadway, Suite 1200, Denver, CO 80203