



New Mexico Children, Youth and Families Department (CYFD)

PO Drawer 5160

Santa Fe, New Mexico 87502

Phone 505.827.7602 • Fax 505.827.4053

CONTRACT-RELATED DISCRIMINATION COMPLAINT FORM

The CYFD Office of Constituent Affairs is designated as the Discrimination Complaint Coordinator (DCC) for the New Mexico Children, Youth and Families Department. On your behalf, the DCC will submit any complaint alleging discrimination under New Mexico and United States Civil Rights Laws from CYFD contractors, their employees, applicants and/or clients, to the Equal Employment Opportunity Commission (EEOC) for investigation. Please complete and sign this form and return it to the address listed above or fax it to 505.827.4053, or you may contact the EEOC in Albuquerque directly at 505.248.5202. Please be aware that you a strict time limitation of 300 days to file a charge of discrimination.

Please print clearly in each of the fields listed below, sign and date.

Your First Name _____ Your Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Today's Date _____ Your Signature _____

About the employer you wish to file charges against:

Employer's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Number of employees employed by company (if known) _____

Is employer a contractor that receives DOJ/Office of Justice Programs funding? Yes No Don't know

A short description of the events you believe were discriminatory and dates of such events:

(for example, you were fired, demoted, harassed, etc.)

Why you believe you were discriminated against and on what basis:

(for example, race, color, national origin, sex, sexual preference, religion, age, disability, etc.)

