



COMPLAINT FORM

Silver Key Senior Services, Inc. operates its services, programs and activities without regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, genetic information, age, physical or mental ability, veteran status, military obligations, marital status, or any other status protected by applicable local, state, or federal law. Silver Key abides by applicable civil rights laws and regulations, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), and the Older Americans Act (OAA).

The information below is necessary to assist us in processing your complaint. If you need assistance completing this form, contact the Complaint/ADA Compliance Officer at 719-884-2300. Return the completed form to: Complaint/ADA Compliance Officer, Silver Key Senior Services, 1625 S. Murray Blvd., Colorado Springs, CO 80916.

Si necesita información en otro idioma, comuníquese al 719-884-2300.

1. COMPLAINANT INFORMATION

Person(s) with complaint: Click or tap here to enter text.	Phone: Click or tap here to enter text.
Street Address: Click or tap here to enter text.	City, State and ZIP Code: Click or tap here to enter text.
Person taking the complaint: Click or tap here to enter text.	Job Title: Click or tap here to enter text.
Date: Click or tap here to enter text.	Organization (if not Silver Key): Click or tap here to enter text.

2. COMPLAINT DETAILS

What is the nature of the complaint?

Click or tap here to describe the complaint.	
Date of Incident: Click or tap here to enter text.	Program/Service (if known): Click or tap here to enter text.



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3. DISCRIMINATION / CIVIL RIGHTS (COMPLETE IF APPLICABLE)

If you believe you have been discriminated against, select one or more reasons for the alleged discrimination:

- | | |
|--|---|
| ☐ Race | ☐ Religion |
| ☐ Color | ☐ Sex / sexual orientation / gender identity or expression |
| ☐ Age | ☐ National Origin (Limited English Proficiency) |
| ☐ Physical / mental ability | ☐ Ethnicity |
| ☐ Veteran status / military obligations | ☐ Marital Status |
| ☐ Other: Click or tap here to enter text. | |

4. DESCRIPTION OF ALLEGED DISCRIMINATION (IF APPLICABLE)

Please describe the alleged discrimination incident. Provide the names and titles of all Silver Key employees and/or volunteers involved, if available. Explain what happened and who you believe was responsible.

Click or tap here to enter details.

5. OTHER TITLE VI COMPLAINTS

Have you filed a Title VI complaint (discrimination) with any other federal, state, or local agency? ☐ Yes ☐ No

Agency:

Click or tap here to enter text.

Contact Name / Information:

Click or tap here to enter text.

6. COMPLAINANT ACKNOWLEDGEMENT

Print or Type Name of Complainant:

Click or tap here to enter text.

Date:

Click or tap here to enter text.

Complainant Signature (type name if completing electronically):

Click or tap here to enter text.

Preferred Contact Method:

Click or tap here to enter text.



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7. SILVER KEY USE ONLY

Department / Program: Click or tap here to enter text.	Date Received: Click or tap here to enter text.
Assigned To: Click or tap here to enter text.	Status: Click or tap here to enter text.
Date Resolved: Click or tap here to enter text.	Follow-up / Appeal Needed: Click or tap here to enter text.

Resolution to situation:

Click or tap here to document the resolution and follow-up.

Resolved / Signed By: Click or tap here to enter text.	Signed / Dated: Click or tap here to enter text.
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Routing: Complaints are handled by the department in which they originate, documented on this form, and resolved when possible. Completed complaints are provided to the Chief Grants & Compliance Officer and the Executive Assistant to the CEO for filing and/or next steps, consistent with Silver Key policy.



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COMPLAINT INVESTIGATION PROCEDURES

1. Within 15 business days, the complainant will receive an acknowledgement letter by registered mail if the complaint warrants such action as determined by the Title VI Coordinator. Minor irritations, complaints, suggestions, and issues that can be resolved through a conversation by phone or in person will be documented on the complaint form and will go no further.
2. If the complainant remains dissatisfied with Silver Key's resolution of the complaint, the complainant has the right to file a complaint with the appropriate agency below.

EXTERNAL COMPLAINT / APPEAL CONTACTS

Pikes Peak Area Council of Governments - Title VI Coordinator

15 South 7th Street, Colorado Springs, CO 80905 | 719-471-7080

Behavioral Health Administration

710 S. Ash Street, Denver, CO 80246 | 303-866-7400

Colorado Department of Regulatory Agencies

1560 Broadway #1545, Denver, CO 80902 | 303-894-7855

Colorado Department of Public Health & Environment

4300 Cherry Creek S., Denver, CO 80246 | 303-692-2000

Colorado Department of Health Care Policy & Financing

1570 Grant Street, Denver, CO 80203-1818 | 303-866-2994

Federal Transit Administration - Region 8 Office

Byron Rogers Federal Building, 1961 Stout Street, Suite 13-301, Denver, CO 80294 | 303-362-2400 | Fax: 303-292-5904

Colorado Department of Transportation - Title VI & ADA Program Manager

2829 W. Howard Place, Denver, CO 80204 | CDOT_Accessibility@state.co.us | 303-512-4220

Federal Transit Administration - Office of Civil Rights, Complaint Team

1200 New Jersey Avenue, SE, Washington, DC 20590 | 888-446-2511