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| Text  Description automatically generated4359 Jager Dr NE Ste D Rio Rancho, NM 87144 Phone: (505) 681-2486  cyfd.constituentaffairs@cyfd.nm.gov | | | |
| **CYFD CONTRACTOR-RELATED Discrimination Allegation or Complaint** | | | |
| The Office of Constituent Affairs is designated as the Discrimination Complaint Coordinator (DCC) for the New Mexico Children, Youth and Families Department (CYFD). The DCC will refer a complaint alleging discrimination under New Mexico and United States Civil Rights Laws from CYFD contractors\*, their employees, applicants and clients, to the Equal Employment Opportunity Commission (EEOC) or the Human Rights Division of the NM Department of Workforce Solutions for possible investigation. Please complete and sign this form and return it to the address listed above or email it to [cyfd.constituentaffairs@cyfd.nm.gov](mailto:cyfd.constituentaffairs@cyfd.nm.gov). You may contact the EEOC in Albuquerque directly at 1-800-669-4000. Please be aware that there is a strict time limit of either 180 days or one year, depending on the relevant statute, to file a charge of discrimination.  *\*If the contractor receives Department of Justice (DOJ) funding, the DCC will refer the complaint to the Department of Justice, Office of Justice Programs, Office for Civil Rights (ORC).*  Please print clearly in each of the fields listed below, then 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 organization you allege discriminated against you: | | | |
| Organization’s Name: | | | |
| Address: | | | |
| City: | State: | | Zip Code: |
| Phone #: | Number of employees employed by the company (if known): | | |
| Does employer/contractor receive DOJ Funding? Yes No Don’t know | | | |
| Provide a short description of the events you believe were discriminatory and dates of such events: | | | |
| *(for example: you were fired, demoted, harassed, etc.)* | | | |
| Please state why you believe you were discriminated against and on what basis: | | | |
| *(for example: race, color, national origin, sex, sexual preference, religion, age, disability, etc.)* | | | |