



COLORADO

Department of
Regulatory Agencies

Colorado Civil Rights Division

COLORADO CIVIL RIGHTS DIVISION

Public Accommodations Complaint Intake Packet

If you would like to be provided with an Intake Packet in Spanish, please let us know.

Si usted prefiere este forma en Español, hable Ud. al numero principal.

If you are an individual with a disability and require an accommodation in order to access the Division's services, please call [303-894-2997](tel:303-894-2997) or [800-262-4845](tel:800-262-4845) (voice) 711-TTD - Relay, send an e-mail message to dora_CCRD@state.co.us or request one in person at one of the Division's offices.



Certified ASL Interpreter Available at No Cost Upon Request.

Check here if you would like us to obtain: _____

Submit Completed Complaint Forms to:

Colorado Civil Rights Division
1560 Broadway, Denver, CO 80202-5143
303-894-2997, 303-894-7830 (fax), 800-262-4845

www.dora.colorado.gov/crd;

dora_CCRD@state.co.us

Bilingual Staff Available (English/Spanish)

To start, please review the Description of the Colorado Civil Rights Division Complaint Intake Process:

PLEASE TYPE OR WRITE USING BLACK INK You MUST Submit Form I, Form II and Form III (if Form III applies). You MUST Sign the Forms required to be signed.

Use this checklist to guide you:

1. Form I (Public Accommodations Intake Questionnaire)
2. Form II (Statement of Discrimination)

And, if you are filing a disability complaint, you must also submit:

3. Form III (Disability Questionnaire)

IMPORTANT NOTICE: Submittal of these forms DOES NOT constitute the filing of a Charge. Several additional steps must be taken after the filing of your complaint intake packet, and thus it is vital that you submit this initial documentation well before the deadline required by the law.

Description of Complaint Intake Process

Jurisdiction

The Colorado Civil Rights Division handles **public accommodations** complaints in which discrimination has allegedly occurred on the basis of one or more of the following:

Sex	Race	Color
National Origin	Ancestry	Marital Status
Creed	Disability	
Sexual Orientation (including Transgender status)	Retaliation (for opposing a discriminatory practice)	

Time Limits

In public accommodations complaints, you must file your charge within **SIXTY (60) DAYS** of the date that you are alleging you experienced discrimination based on one of the above protected classes.

(Filing of the complaint intake packet does not constitute filing of the charge, therefore remember to submit the complaint intake packet well before the 60-day time limit, to allow time for the charge to be drafted, signed, and returned to the Division).

Your Responsibilities and Rights as a Charging Party

1. You must call the Division to update your contact information when it changes. The Division is not responsible for lost mailings. Further, if you cannot be contacted, your case may be placed on hold and jurisdiction may lapse. It is in your best interest to ensure that the Division knows how to contact you.
2. You must cooperate with the investigation. Failure to cooperate or provide timely responses to requests for information or questions may result in a decision issued against your interest.
3. You must read all of the information in this packet and provide all of the required documentation.

What Happens Now?

The Division's process has many steps and there are several options for you to choose while we pursue your complaint. **Please read all of the following information thoroughly.**

Step 1: The Intake Process

If your documentation is complete, the Division will assign your complaint to an Intake Specialist. The Intake Specialist will contact you to speak with you about your complaint. The Intake Specialist will then draft a Charge of Discrimination and send it to you for your signature. Only when the Charge of Discrimination has been returned to the Division with your signature will your complaint be considered "filed" as a formal Charge of Discrimination. Until this point, your complaint remains subject to the **SIXTY (60) DAY filing deadline.**

Step 2: Signing and Returning the Charge of Discrimination

Once you have signed and returned the Charge of Discrimination, your complaint is filed and the Intake Specialist will "serve" the Respondent with the Charge of Discrimination, your Statement of Discrimination, and a Request for Information from the Division. Once the Respondent is served, your Complaint will be assigned to an Investigator.

Step 3: Optional Mediation

If requested by either party, a Division mediator in the Alternative Dispute Resolution (ADR) Unit will attempt to schedule a mediation or settlement conference. This meeting is a voluntary informal meeting held between the parties by a Division mediator, and is an opportunity to resolve your complaint before an investigation is undertaken. For this step to occur, both you and the Respondent must agree to mediation within a reasonable amount of time. If the mediation is successful, a settlement agreement between you and the Respondent will be signed. If mediation is not scheduled or is unsuccessful, an investigation will be conducted.

Step 4: Reviewing the Respondent's Evidence and Drafting a Rebuttal

After the Respondent has provided a response (called a "position statement") to the Request for Information, the position statement will be sent to you. The position statement is a narrative that responds to your allegations of discrimination. Please note that the Respondent may have submitted additional evidence, such as exhibits, that are not included with what the Division has sent to you. You may view all of the evidence, but must arrange to do so with the Investigator assigned to the case. Copying charges will be assessed for any copies made. You may also appear in person to view the file at any time during the investigation.

Once you have received the Respondent's position statement, you may, but are not required to, draft and submit a "rebuttal statement" responding to the statement and the evidence. This may also be your last chance to provide additional evidence, which should be attached to your rebuttal statement when it is sent to the Investigator. You must submit this rebuttal statement within thirty (30) days of receiving the Respondent's position statement.

The Investigator will also obtain other relevant information and/or documents from third parties during the investigation.

Step 5: Determination

Unless the Investigator has further questions, your next contact with the Division will be a Letter of Determination. This Determination is the Director's, or the Director's designee's, decision regarding your charge. The potential outcomes are:

- a) No Probable Cause: This is a decision **not** in your favor.
- b) Probable Cause: This is a decision **in** your favor.

No Probable Cause Determination

If you receive a No Probable Cause Determination, you will have ten (10) days within which to file an appeal with the Colorado Civil Rights Commission. Your appeal must include new or additional information not previously considered during the course of the investigation. At the time of the issuance of a No Probable Cause Determination, you will be provided with further information about the appeal process. If you do not file an appeal, your charge will be dismissed.

Probable Cause Determination

If a Probable Cause Determination is issued, you must participate in mandatory mediation ("conciliation") attempts with the Respondent(s) and a mediator provided by the Division. Conciliation is an attempt to formally resolve your case by way of settlement. If it is not settled, the case will be referred to the Colorado Civil Rights Commission for review. The Commission may, in its discretion and for any reason, set your case for public hearing or dismissal.

Frequently Asked Questions

Q. I believe that I have been discriminated against but my claim does not fall under any of your categories. What can I do?

A. In this case, you may contact the Division before filling out any of the paperwork and we will inform you whether we have jurisdiction over your claim. If we believe that we do not, we will make our best attempt to refer you to the correct resource.

Q. What does “sexual orientation” mean concerning the Colorado Anti-Discrimination Act?

A. “Sexual orientation” means heterosexuality, homosexuality (lesbian or gay), bisexuality, and transgender (which means having a gender identity or gender expression that differs from societal expectations based on gender assigned at birth). The Colorado Anti-Discrimination Act has been expanded to include prohibition for acts of discrimination against a person based upon that person’s sexual orientation to the list of protected classes in the area of employment, housing, and public accommodations.

Q. How long will it take to process my claim?

A. The Division’s process can be lengthy and requires patience from you, the Charging Party. From beginning to end, it can take from six months to a year, or more. You have the right to be notified when our jurisdiction on your case will cease. You also have the responsibility to keep track of the age of your case. You may initiate a motion for extension of time to preserve the Division’s jurisdiction, which the staff will file.

Q. Will the Division act as my attorney?

A. The Division is a neutral, third-party, state agency that conducts investigations, mediations and conciliations. It does not and cannot represent you in any legal action. If you wish to be represented, you may contact an attorney.

Q. Do I need an attorney?

A. An attorney is not required to file a charge of discrimination with the Division. Unrepresented Charging Parties (i.e. those without attorneys) are treated the same as those with attorneys. However, retaining an attorney may still be of advantage to you in analyzing evidence presented to you by the Division, in providing your own evidence or written statement, and advising you as to all recourses available to you.

Q. When can I come in for an interview? I want to speak with someone personally.

A. To shorten the process for drafting and filing Charges of Discrimination, the Civil Rights Division has implemented an in-person intake process for filing discrimination claims. Now, when someone first contacts our office to claim discrimination, the Division schedules an initial consultation between the person filing the Charge of Discrimination (Charging Party) and an Investigator. This consultation can be scheduled by calling 303-894-2997 or emailing dora_CCRD@state.co.us. After scheduling the consultation, the Division mails the Charging Party a cover letter explaining the process in more detail, as well as an Intake Packet to be

completed prior to the meeting, in order to obtain relevant information. (Attorneys are welcome to attend the meeting as well, although an attorney is not required.) Alternatively, the Charging Party may walk-in to the office with a completed Intake Packet without an appointment on Tuesdays that are not State holidays, between 8:30 a.m. and 2:00 p.m. At the scheduled consultation, or walk-in, the Charging Party and the Investigator meet to discuss the claim and relevant information. The Investigator drafts a Charge of Discrimination for the Charging Party's review and signature.

Q. I want to make an offer to settle my case. Do I need to contact the Respondent?

A. While you are free to interact with the Respondent as you wish, the Division offers "mediation" at the onset of the investigation, during which an attempt to settle your claim is made. Both parties must be willing to engage in the mediation process, as it is not mandatory. If your case has already been assigned to an Investigator, you may contact the investigator to convey settlement offers.

Q. Is the information that I send to you kept confidential?

A. Partially. The Division will not divulge any information we receive from you or the Respondent to the public. However, the Respondent may view or may be sent some or all of the information or documentation that you provide during the course of the investigation. Conversely, you are entitled to view any evidence or documentation that the Respondent provides as part of its response. Unlike some other investigations, the Division's process is transparent as applied to you and the Respondent, thus your documentation may not be withheld or kept "secret." If a case is set for hearing by the Commission, the information in the case may at that time be disclosed to the public.

Q. The Respondent is contacting me! Are they allowed to do this?

A. Filing a claim with the Division does not preclude the Respondent from contacting you unless such contact is otherwise unlawful. You may ask the Respondent to cease contacting you, or if you are represented by an attorney, you may ask that the Respondent contact your attorney exclusively.

Q. The deadline for the Respondent to provide a response has passed. What happens now?

A. Oftentimes, extensions of time for the submission of evidence or the position statement will be granted, and notice of such extensions may not be relayed to you immediately. If you have questions about the status of your case, you may contact the Division or the Investigator assigned to your case.

Q. I have witnesses to the discriminatory actions that the Respondent took against me. What can I do? What if they do not wish to speak with you?

A. You may provide us with the witness contact information on the appropriate form (which is provided in this Intake Packet) and the Division will make its best efforts to contact the witness(es) if that person has relevant information. However, your best chance of having witness information included in the file is to have the witness draft a statement, sign and date it, and submit it to us. We cannot force a witness to speak with us.

Form I: Public Accommodations Intake Questionnaire

Colorado Civil Rights Division
 1560 Broadway, Denver, CO 80202-5143
 303-894-2997, 303-894-7830 (fax), 800-262-4845

www.dora.colorado.gov/crd

dora_CCRD@state.co.us

Bilingual staff available (Spanish/English)

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MEDIATION: Do you have an interest in mediation of this matter? If so, the Division will contact the Respondent to determine if it is interested in mediating and, if it agrees, the Division will contact you to schedule mediation.

___YES___NO (CHECK THE LINE THATAPPLIES)

Who or which entity referred you to the Colorado Civil Rights Division? _____

Please complete this form as fully as possible. You must provide all of the following information in this intake packet in order for your claim to be processed. Print out completed intake packet, sign in all indicated places and submit original.

Your Information (Charging Party):

Name					
Mailing Address					
City		State		Zip Code	
Phone(s) Home	(include area code)		Work	(include area code)	
Cell	(include area code)		Fax	(include area code)	
Email					

Have you hired/retained an attorney to represent you in this matter?

Yes	No
-----	----

If "Yes", please identify below and have him/her provide the Division with an "Entry of Appearance".

Name					
Firm					
Address					
City/State/Zip					
Phone	(include area code)				

CONTACT PERSON in case of emergency. Please provide the name of an individual who is in the local area and who knows how to reach you.

NAME _____ Phones: home, work, cell (include area codes)
 Address, City, State, Zip _____ Email _____

H-		
W -		
C-		

PLACE OF PUBLIC ACCOMMODATION WHERE THE ALLEGED DISCRIMINATION OCCURRED (RESPONDENT):

Name of Company					
Address					
City		State		Zip Code	
Telephone No.	(include area code)	Fax	(include area code)		
email					
Contact Person			Title		
Website					
Other Names of Company					
Address where activity occurred					

TYPE OF PUBLIC ACCOMMODATION WHERE ALLEGED DISCRIMINATION OCCURRED. (

Mark box on LEFT of those that apply):

<input type="checkbox"/>	Bar	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Financial Institution	<input type="checkbox"/>	School or Educational Institution
<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Theater
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Museum or Zoo
<input type="checkbox"/>	Hotel or Motel	<input type="checkbox"/>	Public Club
<input type="checkbox"/>	Retail Store	<input type="checkbox"/>	Medical Clinic
<input type="checkbox"/>	Public Transportation	<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>	Recreational Facility or Park	<input type="checkbox"/>	Library
<input type="checkbox"/>	Other Public Facility (please explain):		

WHAT HAPPENED TO YOU THAT WAS DISCRIMINATORY? (Select at least one box (on LEFT) for all that apply AND provide the date, mm/dd/yyyy):

<input type="checkbox"/>	Terms and Conditions	Date:
<input type="checkbox"/>	Denial of Service	Date:
<input type="checkbox"/>	Unequal Treatment	Date:
<input type="checkbox"/>	Failure to Accommodate	Date:
<input type="checkbox"/>	Unequal Treatment based upon Harassment	Date:
<input type="checkbox"/>	Advertising	Date:
<input type="checkbox"/>	Retaliation	Date:
<input type="checkbox"/>	Other (describe):	Date:

WHY DO YOU BELIEVE THE RESPONDENT DISCRIMINATED AGAINST YOU (BASIS)? (Select at least one box for all that apply -- on the LEFT):

<input type="checkbox"/>	Race (Identify):	<input type="checkbox"/>	Marital Status (Identify):
<input type="checkbox"/>	National Origin/Ancestry (Identify):	<input type="checkbox"/>	Creed (Identify):
<input type="checkbox"/>	Color (Identify):	<input type="checkbox"/>	
<input type="checkbox"/>	Disability:	<input type="checkbox"/>	Sex:
<input type="checkbox"/>	• Mental	<input type="checkbox"/>	• Male
<input type="checkbox"/>	• Physical	<input type="checkbox"/>	• Female
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	• Pregnant
<input type="checkbox"/>	• Transgender	<input type="checkbox"/>	

Retaliation

IMPORTANT: "Retaliation" is when a Respondent takes adverse action against you because you, or any group with which you are affiliated:

1. Opposed unlawful discrimination. Opposing unlawful discrimination includes activities such as complaining of harassment, objecting to unlawful discrimination, or opposing unlawful discrimination based on your or another person's protected class as defined in the applicable Colorado civil rights statutes (see box on page 2 of this document);

OR,

2. Participated in a civil rights investigation proceeding. Participating in a civil rights investigation proceeding includes testifying as a witness in a civil rights-related investigation or trial, or filing a complaint of discrimination with the public accommodation or with an agency such as the Colorado Civil Rights Division.

• Having read the above explanation, were you retaliated against by the Respondent within the last SIXTY (60) DAYS? Yes _____ No _____

• Did you oppose unlawful discrimination or participate in a discrimination proceeding within the last SIXTY (60) DAYS? Yes _____ No _____

If "Yes", what discrimination proceeding have you already participated in?
Name of Discrimination Proceeding: _____

• Did you ever complain of discriminatory treatment? Yes _____ No _____

If "Yes", (1) to whom did you complain? and, (2) when? and, (3) what was done?

(1) To whom: _____

(2) When: _____

(3) What was done, if anything? _____

Witness Information

Please provide the names of any witnesses who can provide information regarding your specific claims of discrimination. While the Colorado Civil Rights Division will make its best effort to contact witnesses who have relevant testimony, please be aware that the best way to ensure that witness statements will be included in your file is to have each witness submit a written (preferably notarized) statement.

If you require more room, you may attach a sheet to this form. If you decide to submit additional sheets of paper regarding Witnesses, please identify them in the same manner as below.

Witness 1:

Name					
Ad dress					
City		State		Zip Code	
Home Phone	(include area code)	Work Phone	(include area code)		
Cell Phone	(include area code)	Fax	(include area code)		
Email					
<u>What can this witness tell us?</u>					

Witness 2:

Name					
Ad dress					
City		State		Zip Code	
Home Phone	(include area code)	Work Phone	(include area code)		
Cell Phone	(include area code)	Fax	(include area code)		
Email					
<u>What can this witness tell us?</u>					

Witness 3:

Name					
Ad dress					
City		State		Zip Code	
Home Phone	(include area code)	Work Phone	(include area code)		
Cell Phone	(include area code)	Fax	(include area code)		
Email					
<u>What can this witness tell us?</u>					

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Form II: Statement of Discrimination

Colorado Civil Rights Division
1560 Broadway, Denver, CO 80202-5143
303-894-2997, 303-894-7830 (fax), 800-262-4845
www.dora.colorado.gov/crd
dora_CCRD@state.co.us
Bilingual staff available (Spanish/English)

Instructions: On the following page, draft a statement chronologically (timeline of events with dates) detailing the incidents that provide the basis for your complaint of civil rights discrimination. Answer the questions below and provide detailed information on why you believe that you have been discriminated against by the place of public accommodation.

Your statement must be signed and dated and you may choose to have it notarized.

For each incident, provide the following information:

1. A detailed chronological explanation of the events that led to the action that is the basis of this complaint;
2. Identify all persons who were involved. Identify each person by first and last name and job title. Explain that person's role(s) in the events; and,
3. Explain why you believe that your protected group status (race, color, creed, national origin, ancestry, sex, disability, marital status, or sexual orientation) was a factor in the discriminatory activity.

Additionally, if Relevant, answer the following questions completely and honestly:

4. Was anyone treated more favorably than you? Who? Provide information related to their protected classes (e.g., if you are alleging race discrimination, what is the person's race?).
5. Did the place of public accommodation give you any reason for the adverse action? What was it?

Statement of Discrimination and Response to Relevant Questions (which are asked in the immediately preceding section). Use additional paper if necessary:

Specifically, what would you want this public accommodation to do in order to resolve this charge?

Was anyone treated more favorably than you? Who? Provide information related to their protected class(es) (for example, if you are alleging race discrimination, what is the person's race?).

Did the place of public accommodation give you any reason for the adverse action? What was it?

Specifically, what would you want the place of public accommodation to do in order to resolve this charge?

SIGNATURE [Form II: Statement of Discrimination]

Signature: _____
Charging Party

Date _____

Print out completed intake packet, sign in all indicated places and submit original.

IMPORTANT NOTICE: Submittal of these forms DOES NOT constitute filing a claim. Several additional steps must be taken and thus it is vital that you submit this initial documentation well before the deadline required bylaw.

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Form III: Disability Questionnaire

Colorado Civil Rights Division
 1560 Broadway, Denver, CO 80202-5143
 303-894-2997, 303-894-7830 (fax), 800-262-4845
www.dora.colorado.gov/crd
 dora_CCRD@state.co.usColor
Bilingual staff available (Spanish/English)

IMPORTANT: If you are alleging that you have a perceived or actual disability, please **Complete** this Questionnaire and **Sign** the last page.

Your Name			
Type of Impairment (explain):			
Healthcare Provider's Diagnosis:			
Is your impairment:	Yes	No	
• Permanent/Long Term?			
• Temporary/Short Term?			
• Undetermined?			

What major life activity(ies) is/are substantially limited by your impairment? If you have a perceived disability, what major life activities do others believe your perceived disability affects? (Mark the box for all that apply)

<input type="checkbox"/>	Seeing	<input type="checkbox"/>	Learning
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Working
<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Lifting
<input type="checkbox"/>	Sleeping	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Caring for yourself
<input type="checkbox"/>	Performing Manual Tasks	<input type="checkbox"/>	Bending
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Thinking
<input type="checkbox"/>	Communicating	<input type="checkbox"/>	Concentrating
<input type="checkbox"/>	The operation of a bodily function	<input type="checkbox"/>	Other: explain

State any helpful measures to eliminate or control symptoms or limitations of your impairment(s), such as medication, assistive devices, exercise, etc.

IMPORTANT: Within 2 months of filing this form, you must provide a copy of:

1. YOUR HEALTHCARE PROVIDER'S DIAGNOSIS OF YOUR CONDITION(S);
2. YOUR HEALTHCARE PROVIDER'S STATEMENT AS TO HOW THIS CONDITION AFFECTS ANY MAJOR LIFE ACTIVITY;
3. YOUR HEALTHCARE PROVIDER'S ASSESSMENT OF WHETHER THE IMPAIRMENT IS PERMANENT;
and,
4. YOUR HEALTHCARE PROVIDER'S ASSESSMENT OF WORK RESTRICTIONS THAT MAY BE REQUIRED BECAUSE OF YOUR DISABILITY.

Healthcare Provider:

Name					
Address					
City		State		Zip Code	
Office Phone (include area code)			Fax (include area code)		
Email					

Healthcare Provider:

Name					
Address					
City		State		Zip Code	
Office Phone (include area code)			Fax (include area code)		
Email					

Was the place of public accommodation aware of your impairment?

Yes	No
-----	----

How does this place of public accommodation know of your impairment?

<hr/> <hr/>

Did you ever ask the company for an "accommodation"? If "Yes":

Yes	No
-----	----

Who did you ask? Name(s) and job title(s):
What date(s) did you make your request?
What type of accommodation did you request?
What was the company's response to your request(s); did the company provide an accommodation?
Who responded? Name(s) and job title(s):
When did the person respond? Date(s):

Were you asked questions about your impairment?
If "Yes",

Yes	No
-----	----

What were you asked?

SIGNATURE [Form III, Disability Questionnaire]

Signature: _____ Date: _____
(CHARGING PARTY)

Print out completed Intake Packet, sign in all indicated places and submit original.

