

SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY, VICTIMS' SERVICES PROGRAM
Written Statement of Concern/Complaint with Grant Programs

COVER PAGE

Name:	
Phone #:	
Program of concern:	<input type="checkbox"/> DPS <input type="checkbox"/> Grant or Subgrantee Program
Name of Grant or Subgrantee Program:	
Relationship to Program:	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other Public Service
Name of Other Public Service Relationship:	
Program Address:	

Would you like a response to this statement?

- Yes No

If yes, how would you prefer to be contacted?

- Email Phone U.S. Postal Service/Mail

If you would like to be contacted, please provide us with the appropriate contact information below:

Email:	
Phone #:	
Mailing Address:	

Please check one of the following:

- I prefer to be contacted by the South Dakota Department of Public Safety, Victims' Services Program, and **do not** wish to be contacted by the program in question. Please note, if this option is selected, this cover page will not be forwarded to the program in question.
- I am open to contact from **either** the South Dakota Department of Public safety, Victims' Services Program or the program in question. Please note, if this option is selected, this cover page will not be forwarded to the program in question.

Does this statement contain concern/complaint of alleged discrimination?

- Yes No

If yes, what type of discrimination is alleged?

- Age Color Disability
 Gender Identity National Origin Race
 Religion Sex Sexual Orientation

If yes, what is the basis for that discrimination?

Statement of Concern:

(This information will be forwarded to the program in question)

Client Name:	
Program Name:	
Program Phone #:	
City Program is Located:	
Name(s) of individual(s) involved in the concern:	
Date(s) & Time(s):	

Please describe the concern/complaint below. If more space is needed to describe the incident, please attach additional sheets.

Who has already been contacted regarding the concern(s) described above?	
Result of that contact:	

I hereby authorize the South Dakota Department of Public Safety to share this form and any other documentation related to my concern with the program in question.

Print Name

Signature

Date

I hereby authorize the program in question to share any and all information related to my concern (including information regarding my personal situation and interactions with/services received from the program) with the South Dakota Department of Public Safety.

Print Name

Signature

Date

Other than sharing this information with the program in question, this form and other documentation that has been provided relating to the concern shall be kept confidential at the discretion of the South Dakota Department of Public Safety, Victims' Services Program Director.

Please return completed form and supporting documents to:

**Victims' Services Program Director
 South Dakota Department of Public Safety
 118 W. Capitol Avenue
 Pierre, SD 57501
 or email: VictimsServices@state.sd.us**