



Division of Housing

Limited English Proficiency (LEP) Complaint Form

Name: _____

Address: _____
City State Zip Code

Email Address: _____ Phone: _____

Please describe the nature of your complaint:

Multiple horizontal lines for describing the complaint.

Signature _____ Date _____

Staff Use Only:

Staff Name: _____ Title: _____

Date Complaint Received: _____ Date of Resolution: _____



The City of Boulder, Division of Housing does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status.