**Vida Mejor Capital, Inc.: Section 504 Grievance Form**

**Section 504 Grievance Form**

**Instructions**: Please fill out this form completely. If you need assistance or require an alternative means of filing a grievance (such as a personal interview or tape recording), please contact the Section 504 Coordinator.

**Submit to**:
Section 504 Coordinator
Name: Sandra Rubalcava

Address: 347 Eagle Drive, Ohkay Owingeh, NM 87566

Phone: 505-692-9538

Email: sandra.rubalcava@vidamejorcapital.com

**1. Grievant Information**

* **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City, State, Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Description of Alleged Violation**

* **Date(s) of Alleged Violation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location of Alleged Violation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Description of Alleged Discriminatory Action or Policy**:
*(Please provide a detailed description of what happened, including any specific incidents, actions, or policies that you believe were discriminatory.)*

**3. Individuals Involved**

* **Names of individuals involved, if known**:
*(Include any employees, clients, or other parties involved in the incident.)*

**4. Witnesses**

* **Names and contact information of any witnesses**:
*(Include anyone who may have observed the incident or has relevant information.)*

**5. Additional Information**

* **Any other relevant information or documentation**:
*(Please attach any documents, emails, or other evidence that supports your grievance.)*

**6. Desired Resolution**

* **What remedy or resolution are you seeking?**

**Certification**

By signing below, I certify that the information I have provided is true and accurate to the best of my knowledge.

* **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

* **Date Received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Received By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Acknowledgment Sent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Investigation Completed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Decision Issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Appeal Filed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Final Decision Issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Vida Mejor Capital, Inc. is committed to ensuring that all grievances are addressed promptly and fairly. If you have any questions or need assistance with this form, please contact the Section 504 Coordinator.