

ARIZONA DEPARTMENT OF CHILD SAFETY
COMMUNITY ADVISORY COMMITTEE MEETING
SPEAKER'S CARD



DATE:	AGENDA ITEM NO.:
-------	------------------

SUBJECT: _____

OTHER: _____

NAME: *(Please Print Legible)* _____

E-MAIL ADDRESS:	TITLE:
-----------------	--------

OFFICIALLY REPRESENTING: *(Organization, Etc.)* _____

Do you wish to be heard? Yes No Written Comments Attached

- Submit completed forms to a Department representative.
- Please be advised that submission of this form becomes part of the public record for this meeting.
- If speaking, please limit your comments to two (2) minutes.
- Pursuant to A.R.S. § 38-431.01(H), the committee can only take action on matters listed on the agenda. Action on public comment matters that are not listed on the agenda will be limited to directing staff to study the matter or to schedule the matter for further discussion at a later date.



Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.