



Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, or to request an alternate format of communication, please contact the Clerk's Office by calling 360-754-4139. For vision or hearing-impaired services, please contact the Washington State Relay Service at 7-1-1 or 1-800-833-6384. To contact the city's ADA coordinator directly, call 360-754-4128.

Name: _____

Address _____ City _____ Zip _____

Phone: Home _____ Work _____ Mobile _____

Best time of day to contact you about this complaint: _____

Email: _____

Basis of Complaint (circle all that apply):

Race	Color	National Origin (includes language access)
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Date of alleged incident: _____

Who discriminated against you?

Name _____ Organization _____

Address _____ City _____ Zip _____

Telephone _____

Explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. If you have any other information about what happened, please attach supporting documentation to the form. (Attach additional pages if more space is needed.)

What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.

List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, address, email address below.

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____

Status (pending, resolved, etc.) _____ Result, if known _____

Complaint number, if known _____

Do you have an attorney in this matter? _____

Name (print) _____ Phone _____

Address _____ City _____ Zip _____

Signed; _____ Date _____