



Title VI Complaint Form

If you believe that you have been discriminated against because of your race, color, or national origin (including limited English proficiency), by agency programs or activities, you may file a formal complaint by completing this form and send by e-mail to Catrien.deboer@tukwilawa.gov, or send by postal mail to:

6200 Southcenter Blvd
Tukwila, WA 98001

Your Name				Your Phone:	
Best time of day to contact you about this complaint: <input type="checkbox"/> 7am – 10am <input type="checkbox"/> 10am – 1pm <input type="checkbox"/> 1pm – 4pm <input type="checkbox"/> 4pm – 7pm			Your Email Address		
Your Mailing Address (Street/PO Box, City, State, Zip)					
What was the alleged discrimination based on? Select all applicable: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin					Date of alleged incident
Agency or person(s) responsible for the alleged discrimination.					
Name		City	State	Zip Code	Phone number



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Describe the alleged discrimination. Please explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Please attach any supporting documents to this form.

PLEASE COMPLETE PAGE 3 OF THIS FORM



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ADDITIONAL INFORMATION

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

List any other persons who we should contact for additional information in support of your complaint. Please include their phone numbers, addresses, email addresses, etc.

Name	City	State	Zip Code	Email	Phone number

List any other agencies with whom you have filed this same complaint:

Name	State

Signature (REQUIRED)	Date
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