CITY OF SEQUIM

Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Amy Dougherty at adougherty@sequimwa.gov.

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)

Date of alleged incident: _____

Who discriminated against you?

Name _____

Name of 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_____