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TITLE VI DISCRIMINATION COMPLAINT FORM

Victim(s) of alleged discrimination:					
NAME					
STREET ADDRESS					
CITY	STATE		ZIP CODE		
DAYTIME TELEPHONE	E-MAIL ADDRESS				
Person alleging discrimination, if different from above:					
NAME					
STREET ADDRESS					
CITY	STATE		ZIP CODE		
DAYTIME TELEPHONE	E-MAIL ADDRESS				
RELATIONSHIP TO THE PERSON(S) NAMED AS VICTIM					
WCOG staff member(s), board member(s), consultant(s) or program(s) that allegedly discriminated:					
NAME		PROGRAM			
NAME		PROGRAM			
NAME			PROGRAM		
DATE ALLEGED DISCRIMINATION BEGAN		DATE OF LAST INCIDENT			
Basis of Alleged Discrimination A complaint must be filed within 180 calendar days of the date the complainant learned of the alleged discrimination. If your complaint is in regard to either alleged discrimination in the delivery of services or in the treatment of you (or the person(s) named as victim) by associates or programs of the Whatcom Council of Governments, please indicate below what you believe to be the basis of the alleged discrimination.					
Example: If you believe that you were discriminated against because you are Native American, circle the word "Race" and write "Native American" in the space provided.					
Race:					
Color:					
Sex:					
National Origin:					

(over)

Explanation

In the space below please explain as clearly and in as m discrimination you are alleging (attach additional sheets witnesses, if any, to the alleged discrimination. Attach colyour complaint.	if necessary). Provide the names of all
your complaint.	
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By signing below I certify that the statements contained on this fo	rm are true to the best of my knowledge.
Signature	Date
Send this form and all attachments to:	
Attn: Title VI Coordina	tor

Attn: Title VI Coordinator
Whatcom Council of Governments
314 East Champion Street
Bellingham, WA 98225

Documents may be sent via the U.S. Postal Service, faxed to (360) 738-6232, or scanned and e-mailed to <u>TitleVI@wcog.org</u>.