



OFFICE USE ONLY  
 Date received: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Logged by: \_\_\_\_\_

## TITLE VI DISCRIMINATION COMPLAINT FORM

<b>Victim(s) of alleged discrimination:</b>		
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	E-MAIL ADDRESS	
<b>Person alleging discrimination, if different from above:</b>		
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	E-MAIL ADDRESS	
RELATIONSHIP TO THE PERSON(S) NAMED AS VICTIM		
<b>WCOG staff member(s), board member(s), consultant(s) or program(s) that allegedly discriminated:</b>		
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)

