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whatcom council of governments

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: _____

Explanation

In the space below please explain as clearly and in as much detail as possible the nature of the discrimination you are alleging (attach additional sheets if necessary). Provide the names of all witnesses, if any, to the alleged discrimination. Attach copies of all written materials pertaining to your complaint.

By signing below, I certify that the statements contained on this form are true to the best of my knowledge.

Signature

Date

Send this form and all attachments to:

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 TitleVI@wcog.org.