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## Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Melissa Fanucci at 360-685-8385 or at [melissa@wcog.org](mailto:melissa@wcog.org)

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_

### Description of Incident

Basis of complaint (check all that apply):

Race     Color     National Origin (includes language access)

Date of alleged incident: \_\_\_\_\_

#### Who discriminated against you?

Name: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Explain what happened, why you believe it happened, and how you were discriminated against. 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 this form. You may also attach additional sheets if you need more space to describe the incident.

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, or email address.

*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Yes       No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Status (pending, resolved, etc.): \_\_\_\_\_ Result, if known: \_\_\_\_\_

Complaint number, if known: \_\_\_\_\_

*Do you have an attorney in this matter?*

Yes       No

If yes, attorney's name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_