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TITLE VI DISCRIMINATION COMPLAINT FORM

If you believe that you have been discriminated against because of your race, color, or national origin (including limited English proficiency), by agency programs or activities, you may file a formal complaint by completing this form and send by e-mail to titlevi@cwco.org or send by postal mail to PO Box 128, Kelso, WA 98626.

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 your (or the person(s) name as victim) by associates or programs of the Cowlitz-Wahkiakum Council of Governments, please indicate below what you believe to be the basis of the alleged discrimination.

Victim(s) of alleged discrimination:			
Name:			
Street Address:			
City:	State:	ZIP Code:	
Daytime Phone:	E-mail Address:		
Best time of day to contact you about this complaint:			
What was the alleged discrimination based on? Select all applicable:			Date of Alleged Incident:
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Limited English Proficiency			
CWCOG staff member(s), board member(s), consultant(s) or program(s) responsible for alleged discrimination:			
Name	City, State, Zip Code	Phone Number	Program

Explanation

In the space below, please describe the alleged discrimination. Please explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Provide the names of all witnesses, if any, to the alleged discrimination. Please attach any supporting documents to this form.

Additional Information

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 include phone numbers, addresses, and email addresses:

Name	Street Address	City, State, Zip Code	Phone Number	Email Address

List any other agencies with whom you have filed this same complain:

Name	City, State, Zip Code	Phone Number

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
Cowlitz-Wahkiakum Council of Governments
PO Box 128
Kelso, WA 98626

Documents may be sent via the US Postal Service, faxed to (360) 214-3425, or scanned and emailed to titlevi@cwkog.org.

Cowlitz-Wahkiakum Council of Governments Title VI Complaint Procedures

If you believe that you have been discriminated against because of your race, color, or national origin, then you have the right to file a formal complaint with Washington State Department of Transportation within 180 days of the alleged incident.

How to File a Complaint

1. Complete the Title VI Complaint Form, answering every question.
2. Submit the signed complaint to Cowlitz-Wahkiakum Council of Governments, attention Title VI Coordinator
 - By mail to PO Box 128 Kelso, WA 98626, or
 - By email to TitleVI@cwkog.org, or
 - By fax to 360-214-3425

These procedures do not deny you the right to file a formal complaint directly with the federal funding agencies or seek private counsel for complaints alleging discrimination. Federal law prohibits intimidation or retaliation against you of any kind.

These procedures cover all complaints filed under Title VI of the Civil Rights Act of 1964 as amended and the Civil Rights Restoration Act of 1987, relating to any program, service, or activity administered by as well as its sub-recipients, consultants, and contractors.