

Thurston County Public Works Title VI Complaint Form

This form may be used by anyone who believes she or he has experienced discrimination based on race, color, national origin or sex in violation of Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, or under any related statutes and regulations.

Please submit this completed form to: Thurston County Public Works 9605 Tilley Road S. Olympia WA 98512 Or via Email: kim.burnett@co.thurston.wa.us If you have questions, please call: 360-867-2270 (TDD/TTY 1 (800) 833-6388)

You do not need an attorney to file or pursue this complaint. However, you may wish to seek legal advice regarding your rights under the law.

Complainant Information				
Name:	Work Phone:			
Mailing Address:	Home Phone:			
Email Address:	Message Phone:			
Aggrieved Party Information (if different than complainant)				
Name:	Work Phone:			
Mailing Address:	Home Phone:			
Email Address:	Message Phone:			
Complaint Details				
Date of the alleged discrimination:				
Where did the alleged discrimination take place?				
Please indicate why you believe the discrimination occurred:				
Race Color National Origin Sex	Other			

If applicable and known, name and position/title of person(s) who you allege discriminated against you:

Please state how you believe you were discriminated against. Include all facts upon which the complaint is based. Indicate who was involved and include how you feel the other persons were treated differently than you. Attach additional written material if needed.

Please list below any person(s) we may contact for further information to support or clarify your complaint (witnesses, fellow employees, supervisors, others)

Name	Position/Title	Mailing Address	Phone number	
What type of corrective action would you like to see taken?				
Signatures				
I affirm under penalty of perjury that the information provided is true to the best of my knowledge. I				
understand that all information I provide becomes a matter of public record after the filing of this complaint.				
Signature of Complainant		Da	ate	
And/or Signature of Aggrieved Party (if different)		D	ate	