



Thurston County Public Works Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Kim Burnett at 360-867-2270 or via Email: kim.burnett@co.thurston.wa.us.

Complainant Information

Name:	Home Phone:
Mailing Address:	Work Phone:
Email Address:	Mobile Phone:
Best time of day to contact you about this complaint:	

Complaint Details

Basis of Complaint (circle all that apply): Race Color National Origin (includes language access)
Date of alleged incident:
Who discriminated against you? Name _____ Name of Organization _____ Address _____ City _____ Zip _____ Telephone _____

Explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. 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 the form. (Attach additional pages if more space is needed.)

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, email address below.

Name	Phone number	Mailing Address	Email Address

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

Who _____

When _____

Status (pending, resolved, etc.) _____

Result, if known _____

Complaint number, if known _____

Do you have an attorney in this matter? _____

Name (print) _____

Phone _____

Address _____

City _____ Zip _____

Signature

Date