

TITLE VI COMPLAINT PROCESS AND FORM
COMPLAINT OF TITLE VI DISCRIMINATION AGAINST THE CITY OF TUKWILA, WASHINGTON

Who can file a Title VI complaint?

- A person who believes he or she has experienced discrimination based on race, color, national origin or sex as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987.
- Someone may file on behalf of classes of individuals.

How do I file a complaint?

- Fill out this form completely to help us process your complaint. Submit the completed form to the City Clerk within 180 calendar days of the alleged discriminatory act.

What happens when I file a complaint?

- The City will send you a written receipt of your complaint and will forward a copy of your completed complaint form to the City department named as Respondent. The City will designate a person to facilitate and coordinate responses to your Title VI complaint, and this person will contact you.

The duties of this individual include but are not limited to:

- technical assistance to the department on requirements and regulations
- coordination of meetings between the parties, if needed
- monitoring completion of any future activities included in a complaint response
- other services as requested or deemed appropriate

Following an investigation of the complaint, the City will send you a letter of resolution.

What if I don't agree with the department's letter of resolution?

A complainant who does not agree with the letter of resolution may submit a written request for a different resolution to the City Clerk within 30 days of the date the complainant receives the City's response.

Do I need an attorney to file or handle complaint?

No. However, you may wish to seek legal advice regarding your rights under the law.

Return this form to:

City of Tukwila
City Clerk's Office
6200 Southcenter Boulevard
Tukwila, WA 98188
Telephone: 206-433-1800
Email: TukwilaCityClerk@TukwilaWA.gov

COMPLAINT OF TITLE VI DISCRIMINATION AGAINST THE CITY OF TUKWILA, WASHINGTON

Complainant Contact Information

Name

Street address/City/State/Zip code

Work phone #/Home phone #/Mobile phone #

Email address

Additional mailing address

If you are an inmate at a county correctional facility, include your BA number here

Aggrieved party contact information (if different from complainant):

Name

Street address/City/State/Zip code

Work phone #/Home phone #/Mobile phone #

Email address

Name of respondent – City of Tukwila, Washington

Department or agency (if known)

Address/location (if known)

Date of Incident

Statement of Complaint – Include all facts upon which the complaint is based. Attach additional sheets if needed.

I believe the above actions were taken because of my:

____ Race	____ National Origin	____ Religion
____ Color	____ Sex	____ Other _____

Name, position, and department of City employees you have contacted regarding the incident(s).

Witnesses or other involved – provide name, address, telephone number(s) and e-mail (if available). Attach additional sheets if needed.

If you have filed a grievance, complaint or lawsuit regarding this matter anywhere else, give name and address of each place where you have filed. Attach additional sheets if needed.

In the complainant's view, what would be the best way to resolve the grievance?

I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all the information becomes a matter of public record after the filing of this complaint.

Complainant

Date

Aggrieved Party

Date