

COMPLAINT OF DISCRIMINATION ON THE BASIS OF TITLE VI AGAINST THE CITY OF LAKE STEVENS, WASHINGTON

If you believe that you have been discriminated against because of your race, color, or national origin (including limited English proficiency), by City of Lake Stevens programs or activities, you may file a formal complaint by completing this form and sending it by e-mail to risk@lakestevenswa.gov or by postal mail to City of Lake Stevens, Attn: Title VI Coordinator, 1812 Main St., P.O. Box 257, Lake Stevens, WA 98258.

Your Contact Information

Name: _____

Mailing Address (Street/PO Box, City, State, Zip code): _____

Phone #: _____

Email Address: _____

Best time of day to contact you about this complaint:

☐ 7am-10am ☐ 10am-1pm ☐ 1pm-4pm ☐ 4pm-7pm

Are you filing this complaint on your own behalf? ☐ Yes ☐ No

If no, then complete the following:

Name of aggrieved party: _____

Mailing Address of aggrieved party (Street/PO Box, City, State, Zip code): _____

Phone # of aggrieved party: _____

Email Address of aggrieved party: _____

Complainant's relationship to
aggrieved party: _____

Do you have permission to file this complaint? ☐ Yes ☐ No

**What was the alleged discrimination
based on? Select all that apply:**

- ☐ Race
☐ Color
☐ National Origin (Including Limited English Proficiency)

Date of alleged incident: _____

Agency responsible for the alleged discrimination: City of Lake Stevens, Washington

Employee Name (if known): _____

Department (if known): _____

Address/location (if known): _____

Statement of Complaint – 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. Please attach any supporting documents to this form.

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 (employees or witnesses) that we should contact for additional information in support of your complaint. Please include their phone numbers, addresses, email addresses, etc.

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Email</u>	<u>Phone #</u>

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

<u>Name</u>	<u>State</u>

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

Complainant

Date

Aggrieved Party

Date