



Title VI Complaint Form

This form may be used by anyone who believes she or he has experience discrimination based on race, color, or national origin in violation of Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, or under Executive Order 12898 on Environmental Justice, or under any related statutes and regulations.

Please submit completed forms to:
Pierce County Finance Department
Procurement and Contract Services
Attn: Title VI Coordinator
950 Fawcett Avenue, Suite 100
Tacoma, WA 98402

Questions? Call:
253-798-2114

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

Mailing Address

Apt or Suite #

City

State

Zip

Phone

Email

Aggrieved party contact information (if different from Complainant)

Name

Mailing Address

Apt or Suite #

City

State

Zip

Phone

Email

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

Date(s) and location(s) of incident(s) giving rise to the complaint:

Identify the alleged basis of discrimination:

Race

Color

National Origin

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 person(s) were treated differently than you. Attach additional written material if needed.

If you think there is other information relevant to the complaint, please describe.

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

What action do you, the complainant, request of the Pierce County Department of Public Works? Can you provide a suggested resolution of the complaint?

Have you filed a lawsuit or complaint regarding this matter anywhere else? If yes, give the name and address of each place where you have filed, and status of that process:

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 Claimant

Date

And/or Signature of Aggrieved Party (if applicable)

Date