

## **COMPLAINT OF DISCRIMINATION IN VIOLATION OF TITLE VI AGAINST NORTH BEND, WASHINGTON**

This form may be used by 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. Complaints on behalf of classes of individuals are also permitted. Information requested on this form must be filled out completely to help us expedite processing your complaint.

Please submit your complaint within one hundred eighty (180) calendar days of the alleged discriminatory act. The City of North Bend will send you a written receipt of your complaint and will forward a copy of this complaint form to the North Bend Department named as respondent. The City Administrator will be assigned to work on your complaint.

The City of North Bend is responsible for facilitation and coordination of responses to Title VI complaints. The City of North Bend is available to provide a variety of services such as coordination of meetings between the parties, technical assistance to the department on requirements, regulations and reasonable accommodations, or other services as requested or deemed appropriate by the department. When a response to a complaint includes work activities with completion dates in the future, the City Administrator will monitor work activities until the activities have been completed.

If the complainant does not agree with the resolution to the complaint proposed by the department, he/she may submit a written request for a different resolution to the City Administrator within thirty (30) days of the complainant's receipt of the department's response.

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

If you need assistance completing this form or have questions regarding rights and protections of the complaint procedure, contact us at the address and phone numbers listed below.

**Please submit this completed form to:**

**City of North Bend  
211 Main Ave North  
PO Box 896  
North Bend, WA 98045**

**425-888-1211**

**COMPLAINT OF DISCRIMINATION IN VIOLATION OF TITLE VI  
NORTH BEND, WASHINGTON**

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Complainant Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address City State Zip code

\_\_\_\_\_  
Work phone # Home phone # Message phone #

\_\_\_\_\_  
E-mail address

1. Aggrieved party contact information (if different from complainant):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address City State Zip code

\_\_\_\_\_  
Work phone # Home phone # Message phone #

\_\_\_\_\_  
E-mail address

2. Name of respondent: City of North Bend, Washington

3. Department or agency (if known): \_\_\_\_\_  
\_\_\_\_\_

4. Address/location (if known): \_\_\_\_\_  
\_\_\_\_\_

5. Date of incident(s) giving rise to this complaint: \_\_\_\_\_  
\_\_\_\_\_

6. Identify the alleged basis of discrimination: Race \_\_\_\_\_

Color \_\_\_\_\_, National Origin \_\_\_\_\_

Sex \_\_\_\_\_, Other \_\_\_\_\_



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8. What action is the complainant requesting of the City of North Bend? Can the complainant provide a suggested resolution to the complaint?

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9. Has the complainant filed a lawsuit, complaint, or complaint regarding this matter anywhere else? If yes, give the name and address of each place where you have filed:

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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.

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Signature or Mark of Aggrieved Party, and/or

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Date

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Signature or Mark of Complainant (if different)

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Date

2-22-08