Title VI Complaint Form

The City of Napavine ensures compliance and monitoring which includes ensuring that City of Napavine departments, contractors and sub-recipients regardless of their tier must abide by Title VI of the Civil Rights Act of 1964. Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following requested information in order to assist us in processing your complaint. Should you require any assistance in completing this form, please contact City of Napavine's Title VI Coordinator, Rachelle Denham at (360) 262-3547 ext. 202 or rdenham@cityofnapavine.com .

Name_____

Address_____City_____Zip_____

Phone: Home_____ Work_____ Mobile_____

      Best time of day to contact you about this complaint: _____

Email: _____

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.

_____
_____
_____
_____
_____
_____

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_____

Signed_____ Date_____