City of Bellingham Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact:

City of Bellingham Public Works Department OR Holly Pederson, ADA/Title VI Coordinator
2221 Pacific Street, Bellingham WA 98229 210 Lottie Street, Bellingham WA 98225
E-mail: askPW@cob.org E-mail: hdpederson@cob.org
Phone: (360) 778-7700 Phone: (360) 778-7950

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):

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
<th>National Origin (includes language access)</th>
</tr>
</thead>
</table>

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.)

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_____________________________________________________________________
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) __________________________ Address __________________________
Phone __________________ Zip __________________
City __________________

Signed __________________________ Date ____________