



City of Cle Elum Discrimination Complaint Form

Any person who believes that he or she, individually, as a member of any specific class, or in connection with any disadvantaged business enterprise, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, as amended, may file a complaint with the City of Cle Elum. A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the City's Title VI Coordinator for review and action.

In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days from the incident. This complaint form must be signed to be accepted.

Section 1

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race, Color
- National Origin
- Sex

Section 2

Name:
Address:
City, State, Zip Code:
Email Address:
Phone Number:

Section 3

Are you filing this on your own behalf?
 Yes No

If no, please supply the name and relationship of the person for whom you are filing on behalf of:

Name of Aggrieved:
Address:
City, State, Zip Code:
Email Address:
Phone Number:
Relationship:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.
 Yes No

Cle Elum Complaint Number _____
Date Complaint Received _____
Date Title VI Coordinator Notified _____

Are you represented by legal counsel for this matter?

- Yes No

If yes, please supply the name and contact information:

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

- Yes No

If so, check all that apply:

- Federal Agency Federal Court
 State Agency State Court
 Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed:

Name:

Address:

City, State, Zip Code:

Section 4

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. You may attach any written materials or other information that you think is relevant to your complaint.

Are you including attachments? Yes No

Section 5

Please sign below. This complaint form must be signed to be accepted.

Complainant's Signature: _____ Date: _____

DISCLAIMER: The different language version is a translation of the original in English for information purposes only. In case of a discrepancy, the English original will prevail. Translator works in Chrome, Firefox, IE 9 and above. **(Add this to your website if using a drop-down translation option.)**