



## **Title VI Complaint Form**

Title VI of the Civil Rights Act of 1964 requires that “no person in the United States shall, on the grounds 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.”

The following information is necessary to assist the City in processing a Title VI complaint. If any person needs assistance in filing a complaint, including interpretation or translation assistance, please contact the City’s Title VI Coordinator via email at [TitleVICoordinator@Sammamish.us](mailto:TitleVICoordinator@Sammamish.us) or by calling 425-295-0500.

Complete this form and return it to:

Title VI Coordinator  
City of Sammamish  
801 228<sup>th</sup> Avenue SE  
Sammamish, WA 98075-9509

Or send the form by email to [TitleVICoordinator@Sammamish.us](mailto:TitleVICoordinator@Sammamish.us).

## Section I

Complainant's Name: \_\_\_\_\_

Complainant's Street Address: \_\_\_\_\_

Complainant's City, State & Zip Code: \_\_\_\_\_

Complainant's Primary Phone Number: \_\_\_\_\_

Complainant's Alternate Phone Number (optional): \_\_\_\_\_

Complainant's Email (optional): \_\_\_\_\_

## Section II

Are you filing this complaint on your own behalf? YES / NO

If your answer YES, go to [Section III](#)

If you answered NO, please include your name and relationship of the person for whom you are filing this complaint: \_\_\_\_\_

\_\_\_\_\_

Please explain below why you have filed on behalf of someone else:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please confirm you have obtained permission from the aggrieved party to submit this complaint:

YES, I have permission to file this complaint.

NO, I do not have permission to file this complaint.

Section III

Which of the following best describes the reason you believe discrimination took place:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Ethnicity
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex / Gender	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Income
<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Political Ideology	<input type="checkbox"/> Other	

If other, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What day did the alleged discrimination take place (MM/DD/YYYY):

\_\_\_\_\_

What time did the alleged discrimination take place (HH:MM AM/PM):

\_\_\_\_\_



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

- YES                       NO

If yes, check all that apply:

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency

Please provide contact person information at the agency / court where the complaint was filed.

\_\_\_\_\_

First Name	Last Name
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\_\_\_\_\_

Street Address

\_\_\_\_\_

Address Line 2

_____	_____
City	State

_____	_____
Zip Code	Phone Number

Attest the above statements are true:

By submitting this form, you attest the above statements made are true and factual to the best of your knowledge. This complaint will constitute a public record upon submittal to the City and may be subject to disclosure under the public records act (RCW 42.56) and in accordance with the City of Sammamish's website privacy policy.

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Signature

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Date