



Spokane County Complaint Form

The purpose of this form is to assist you in filing a complaint with the Spokane County. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not this form is used.

* 1. State your name and address.

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone (____) _____ Email _____

* 2. Person(s) discriminated against, if different from above:

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone (____) _____ Email _____

Please explain your relationship to this person(s).

* 3. Agency and department or program that discriminated:

Agency Name: _____
Agency Personnel: _____
Address: _____
City: _____ State _____ Zip _____
Phone (____) _____ Email _____

* 4A. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

_____ Race/Color: _____
_____ National origin: _____
_____ Sex: _____
_____ Income Level: _____
_____ Age: _____
_____ Disability: _____
_____ LEP: _____

- * 4B. Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Gender: Female").

_____ Race/Color: _____
_____ National origin: _____
_____ Sex: _____
_____ Income Level: _____
_____ Age: _____
_____ Disability: _____
_____ LEP: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____
Phone (____) _____ Email _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: (____) _____ Email _____

- * 8. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

- * 10. Please explain as clearly as possible 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 from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

11. Nondiscrimination laws prohibit recipients of federal funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint. (Name, Address, Telephone Numbers)

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints?
Yes ___ No ___ If so, what was the Complaint Number? _____

Against what agency and department or program was it filed?

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: (____) _____ Email _____

Date of Filing: _____ Agency: _____
Briefly, what was the complaint about?

What was the result?

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

____ U.S. Equal Employment Opportunity Commission
____ Federal or State Court
____ Your State or local Human Relations/Rights Commission
____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____
Date filed: _____
Case or Docket Number: _____
Date of Trial/Hearing: _____
Location of Agency/Court: _____
Name of Investigator: _____
Status of Case: _____

Comments: _____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any U.S. Department of Transportation funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

*19. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us. We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form.

Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

Tim Hansen/Human Resource Director/
Title VI Program Coordinator
Spokane County
1229 West Mallon
Spokane, WA 99260
(509) 477-2122
TCHansen@spokanecounty.org

20. How did you learn that you could file this complaint?

21. If your complaint has already been assigned a complaint number, please list it here:

(Complaint Number)