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.

   __________________________________________________________________________

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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)