

**Title VI of the Civil Rights Act of 1964  
Civil Rights Restoration Act of 1987  
City of Everett Discrimination Complaint Form**

**The purpose of this form is to assist you in filing a complaint with the City of Everett’s Title VI Coordinator. 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 the form is used.**

**Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 4.**

1.\* State your name and address.

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No: Home:(            ) Work:(            )

2.\* Person(s) discriminated against, if you are complaining about discrimination that happened to someone other than yourself as named above:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No: Home:(            ) Work:(            )

Please explain your relationship to this person(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.\* City department or program that discriminated:

Name of department or program: \_\_\_\_\_

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Name(s) of individual(s) within the department or program involved in the discrimination, if known:

\_\_\_\_\_

4A.\* For complaints not related to 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) of your belief that these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

Race/Color: \_\_\_\_\_

National origin: \_\_\_\_\_

Sex: \_\_\_\_\_

Other: \_\_\_\_\_

4B.\* For complaints related to employment: Does your complaint concern discrimination in employment by a City department? If so, please indicate below the base(s) for your belief that these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

Race/Color: \_\_\_\_\_

National origin: \_\_\_\_\_

Sex: \_\_\_\_\_

Other: \_\_\_\_\_

5. Please state a convenient time and place for us to contact you about this complaint.

\_\_\_\_\_

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

Name of attorney: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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Tel. # and/or 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.\* Please explain as clearly as possible what happened, why you believe the discrimination happened, and how a City department or employee(s) discriminated against you (or if you are submitting this complaint on behalf of someone else, how a City department or employee discriminated against that someone else). Please attach additional sheets as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

10. Please list below any persons, if known, whom we may contact for additional information to support or clarify your complaint.

a) Name, address, telephone number:

\_\_\_\_\_

b) Name, address, telephone number:

\_\_\_\_\_

c) Name, address, telephone number:

\_\_\_\_\_

11. What do you want to have happen to address your complaint?

\_\_\_\_\_  
\_\_\_\_\_

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12. Have you (or the person discriminated against) filed the same or any other complaints with state or federal agencies or courts?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the date on which it was filed, to whom the complaint was sent, name and address of the contact person at the agency or court:

Date filed: \_\_\_\_\_

Name of agency or court to which complaint was submitted/filed:

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File or cause #: \_\_\_\_\_

Status of previously filed complaint or case:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**

**City of Everett  
Attention: Title VI Coordinator  
2930 Wetmore Avenue, Suite 5-A  
Everett, WA 98201**