City of Tacoma
Title VI Discrimination Complaint Form

City of Tacoma is responsible for civil rights compliance and monitoring, which includes ensuring that contractors regardless of tier and sub-recipients regardless of tier properly abide by Title VI of the Civil Rights Act of 1964 which is the federal law that protects individuals from discrimination on the basis of race, color or national origin in any program receiving federal assistance, Executive Order 12898, “Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations,” and the Department of Transportation’s Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In City of Tacoma’s complaint investigation process, we analyze the complainant’s allegations for possible Title VI violations. If violations are identified, they are investigated as provided in City of Tacoma’s Title VI Discrimination Complaint Process.

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<th>Section I:</th>
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<tbody>
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<td>Name:</td>
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<td>Address:</td>
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<td>Telephone (Home):</td>
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<td>Telephone (Work):</td>
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<td>Electronic Mail Address:</td>
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<td>Accessible Format Requirements?</td>
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<td>Large Print</td>
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<td>Audio Tape</td>
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<td>Other</td>
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<th>Section II:</th>
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<td>Are you filing this complaint on your own behalf?</td>
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*If you answered yes to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

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

I believe the discrimination I experienced was based on (check all that apply):

- [ ] Race
- [ ] Color
- [ ] National Origin

Date of Alleged Discrimination (Month, Day, Year): __________________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Include any documentation that is relevant to this complaint.

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**Section IV:**

Have you filed this complaint with any of the following agencies?

If yes, check all that apply: □ Department of Transportation □ Department of Justice □ Equal Opportunity Commission

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

Name: ____________________________

Title: ____________________________

Agency: __________________________

Address: __________________________

Telephone: ________________________

**Section V:**

Name (signature)________________________ Date: ________________

Please mail your completed form to: City of Tacoma, Customer Support Center, Attention: Carol Wolfe, 747 Market Street, 2nd Floor, Tacoma, WA 98402, 253-591-5000 or you can email it to cwolfe@cityoftacoma.org.