



Kitsap County Title VI Complaint Form

If you believe that you have been discriminated against because of your race, color, or national origin (including limited English proficiency), by agency programs or activities, you may file a formal complaint by completing this form.

Please submit completed forms to:

Kitsap County Public Works

Attn: Title VI Coordinator

614 Division Street MS-26

Port Orchard, WA 98366

Questions?

Call Kitsap1: 360.337.5777

or email: help@Kitsap1.com

You do not need an attorney to file or pursue this complaint. However, you may wish to seek legal advice regarding your rights under the law.

Complainant Information

Name (required): _____

Address (required): _____

Email (required): _____

Aggrieved party contact information (if different from Complainant)

Name: _____

Address: _____

Email: _____

If applicable and known, name, location and position/title of persons(s) who you allege discriminated against you:

Date(s) and location(s) of incident(s) giving rise to the complaint:

Identify the alleged basis of discrimination (circle all that apply):

Race	Color	National Origin (includes language access)
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1) Please state how you believe you were discriminated against. Include all facts upon which the complaint is based. Indicate who was involved. Include how you feel other person(s) were treated differently than you. Attach additional pages if more space is needed.

2) If you think there is other information relevant to the complaint, please describe.

3) Please list below any person(s) we may contact for further information to support or clarify your complaint (witnesses, others):

4) What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.

5) Have you filed a lawsuit or complaint regarding this matter anywhere else? If yes, give the name and address of each place where you have filed, and status of that process:

Name (print): _____

Phone: _____ Address: _____

City: _____ Zip: _____

Signed: _____ Date: _____