



## MASON COUNTY TITLE VI COMPLAINT FORM

This form may be used by anyone who believes she or he has experienced discrimination based on race, color, national origin or sex in violation of Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, or under Executive Order 12898 on Environmental Justice, or under any related statutes and regulations.

Please submit this completed form to:  
Mason County Department of Human Resources  
Attention: Title VI Coordinator  
411 N 5<sup>th</sup> Street  
Shelton, WA 98584 or via E-Mail

Questions – call:  
(360) 427-9670 Voice

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.

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### **Complainant**

1. Name (please print):

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2. Mailing Address (street, city, state, zip):

\_\_\_\_\_

3. Work Phone, Home Phone, Message Phone:

\_\_\_\_\_

4. E-mail Address:

\_\_\_\_\_

### **Aggrieved party contact information if different from complainant:**

5. Name:

\_\_\_\_\_

6. Mailing Address (street, city, state, zip):

\_\_\_\_\_

7. Work Phone, Home Phone, Message Phone:

\_\_\_\_\_

8. E-mail Address:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

11. Identify the alleged basis of discrimination:

Race \_\_\_ Color \_\_\_ National Origin \_\_\_ Sex Other \_\_\_

12. Please state how you believe you were discriminated against. Include all facts upon which the complaint is based. Indicate who was involved and include how you feel the other persons were treated differently than you. Attach additional written material if needed.

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

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

Name:                      Position/Title:      Mailing Address:                      Phone No:

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15. What action do you, the complainant, request of the Mason County Department of Public Works? Can you provide a suggested resolution of the complaint?

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16. 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:

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I affirm under penalty of perjury that the information provided is true to the best of my knowledge. I understand that all information I provide becomes a matter of public record after the filing of this complaint.

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Signature of Complainant Date

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And/or Signature of Aggrieved Party (if different) Date