

### **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 and send by e-mail to <a href="mailto:oeoecrbcomplaints@wsdot.wa.gov">oeoecrbcomplaints@wsdot.wa.gov</a>, or send by postal mail to:

Washington State Department of Transportation Office of Equity and Civil Rights

Att: Complaints

Box 4734, Olympia WA 98504-7314

Agency Use Only							
Received	/_	/	_				
Response	/_	/	_				
Report	/_	/	_				
Briefing	/_	/	_				

Your Name:				Your Phor	ie:
Best time of day	to contact you abo	out this complaint:	Your Email	Address	
7am – 10am	10am – 1pm	1pm – 4pm 4pm – 7pm			
Your Mailing Add	ress (Street/PO Bo	ox, City, State, Zip)			
What was the alleg	jed discrimination	based on? Select all applicable:			Date of alleged incident
Race Color National Origin (Including Limited English Proficiency)					
Agency or person(	s) responsible for	the alleged discrimination.			
Name		City	State	Zip Code	Phone number



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Describe the alleged discrimination. Please explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Please attach any supporting documents to this form.				
PLEASE COMPLETE PAGE 3 OF THIS FORM				

DOT Form 272-066 Revised 12/2022



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ADDITIONAL INFORMATION

What remedy are you seeking of punitive damages or final	ng for the a	alleged discrim lensation.	nination? Please no	ote that this process v	vill not result in the payment
List any other persons that their phone numbers, addre	we should	contact for ad	lditional informatio	n in support of your o	complaint. Please include
Name	City	State	Zip Code	Email	Phone number
Liet any other agencies with	whom we	u baya filad thi	de samo complaint		
List any other agencies with Name	ı wnom yo	u nave filed thi State	is same compiaint:		
Tallie		Sidio			
Signature (REQUIRED)					Date:

# Washington State Department of Transportation

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# Washington State Department of Transportation Title VI Complaint Procedures

If you believe that you have been discriminated against because of your race, color, or national origin, then you have the right to file a formal complaint with WSDOT within 180 days of the alleged incident.

#### HOW TO FILE A COMPLAINT

- 1. Complete the Title VI Complaint Form, answering every question.
- 2. Submit the **signed** complaint to:
  - Washington State Department of Transportation Office of Equity and Civil Rights, Att: Complaints Box 4734, Olympia WA 98504-7314
  - or email to: oeoecrbcomplaints@wsdot.wa.gov

A notice acknowledging receipt will be provided within 10 working days. The complaint will then be forwarded to the federal funding agency through Washington State Department of Transportation-Office of Equity and Civil Rights.

The federal funding agency is responsible for all decisions regarding whether a complaint should be accepted and investigated, dismissed, or referred to another agency. When the federal funding agency decides whether to accept, dismiss, or transfer the complaint, it will notify the complainant and the other agencies (as appropriate) as to the status of the complaint.

These procedures do not deny you the right to file a formal complaint directly with the federal funding agencies or seek private counsel for complaints alleging discrimination. Federal law prohibits intimidation or retaliation against you of any kind.

These procedures cover all complaints filed under Title VI of the Civil Rights Act of 1964 as amended and the Civil Rights Restoration Act of 1987, relating to any program, service, or activity administered by WSDOT as well as its sub-recipients, consultants, and contractors.