# Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Nancy Buonanno Grennan at 206-464-7527 or at nbgrennan@psrc.org.

## Contact Information

**Name:** Click or tap to edit.

**Address:** Click or tap to edit.

**City:** Click or tap to edit. **ZIP:** Click or tap to edit.

**Phone:** Home - Click or tap to edit. Work - Click or tap to edit. Cell - Click or tap to edit.

 **Best time of day to contact you:** Click or tap to edit.

**Email:** Click or tap to edit.

## Description of the Incident

***Basis of complaint (check all that apply)*:**

 [ ]  Race [ ]  Color [ ]  National Origin (includes language access)

***Date of alleged incident*:**Click or tap to edit.

***Who discriminated against you?***

**Name:** Click or tap to edit.

**Name of Organization:** Click or tap to edit.

**Address:** Click or tap to edit.

**City:** Click or tap to edit. **ZIP:** Click or tap to edit.

**Phone:** Click or tap to edit.

***Explain what happened, why you believe it happened, and how you were discriminated against. Be sure to include how other persons were treated differently than you. If you have any other information about what happened, please attach supporting documentation to this form.***

Click or tap to edit. Text area will expand to fit content.

***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.***

Click or tap to edit. Text area will expand to fit content.

***List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, address, or email address.***

Click or tap to edit. Text area will expand to fit content.

***Have you filed your complaint, grievance, or lawsuit with any other agency or court?***

**Who:** Click or tap to edit. **When:** Click or tap to edit.

**Status (pending, resolved, etc.):** Click or tap to edit.

**Result, if known:** Click or tap to edit.

**Complaint number, if known:** Click or tap to edit.

***Do you have an attorney in this matter?*** [ ]  Yes [ ]  No

**Name:** Click or tap to edit.

**Address:** Click or tap to edit.

**City:** Click or tap to edit. **ZIP:** Click or tap to edit.

**Phone:** Click or tap to edit.

**Signed:**  **Date:** Click or tap to edit.