



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 [TitleVI@wsdot.wa.gov](mailto:TitleVI@wsdot.wa.gov), or send by postal mail to:

Washington State Department of Transportation Office of Equity and Civil Rights Att: Complaints  
Box 47314, Olympia WA 98504-7314

**Agency Use Only**

<b>Received</b>	____/____/____
<b>Response</b>	____/____/____
<b>Report</b>	____/____/____
<b>Briefing</b>	____/____/____

<b>Your Name</b>		<b>Your Phone:</b>	
<b>Best time of day to contact you about this complaint:</b> <input type="checkbox"/> 7am – 10am <input type="checkbox"/> 10am – 1pm <input type="checkbox"/> 1pm – 4pm <input type="checkbox"/> 4pm – 7pm		<b>Your Email Address</b>	
<b>Your Mailing Address (Street/PO Box, City, State, Zip)</b>			
<b>What was the alleged discrimination based on? Select all applicable:</b> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Including Limited English Proficiency)			<b>Date of alleged incident</b>
<b>Agency or person(s) responsible for the alleged discrimination.</b>			
Name	City	State	Zip Code
			Phone number



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.

[Empty text area for describing the alleged discrimination]

PLEASE COMPLETE PAGE 3 OF THIS FORM



ADDITIONAL INFORMATION

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

**List any other persons that we should contact for additional information in support of your complaint. Please include their phone numbers, addresses, email addresses, etc.**

Name	City	State	Zip Code	Email	Phone number
------	------	-------	----------	-------	--------------

**List any other agencies with whom you have filed this same complaint:**

Name	State
------	-------

Signature (REQUIRED)

Date



## 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, Attn: Complaints Box 4734, Olympia WA 98504-7314
  - or email to: [TitleVI@wsdot.wa.gov](mailto:TitleVI@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 Equal Opportunity.

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.