

### Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Please provide the following requested information in order to assist us in processing your complaint. Should you require any assistance in completing this form, please contact SRTC’s Title VI Coordinator, Eve Nelson at (509) 343-6370 or enelson@srtc.org. Please submit this form to SRTC, 421 W. Riverside Ave, Suite 500, Spokane, WA 99201 or email it to the address above.

1. Complainant's Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. City, State, Zip Code \_\_\_\_\_

4. Telephone Number: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination occurred?

a. Race/Color

b. National Origin

c. Gender

d. Age

e. Disability

7. What date did the alleged discrimination take place? \_\_\_\_\_

**Title VI Complaint Form (cont.)**

8. Please describe the alleged discrimination. Explain what happened and whom you feel was responsible. Please attach a piece of paper if additional space is required.

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9. Please provide names and contact information for anyone who may have witnessed the alleged discrimination or can support and/or clarify the allegations.

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10. Please specify what type of corrective action you would like to see implemented in this case if allegations of wrongdoing are proven.

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11. Please sign below and attach any written materials or other information you feel is relevant to your complaint

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date