

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.

Please fill out this form and send to:

Chelan-Douglas Transportation Council 37 S. Wenatchee Ave., Ste. C Wenatchee, WA 98801

Or you may email to: comments@chelan-douglas.org

Your name:
Your phone:
Your email address:
Your mailing address: (Street or P.O. Box / City / State / Zip)
Name / Address / Phone of person(s) who is alleged to have discriminated against you:
Date of alleged incident:
Discrimination because of: □Race □Color □National Origin (includes Limited English Proficiency)
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. If you have any other information about what happened, please attach supporting documents to this form.

ADDITIONAL INFORMATION

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.
List any other persons that we should contact for additional information in support of your
complaint. Please include their phone number/address/email address:
complaint. Fieuse metade their phone number/address/email address.
Disease list any other against with whom you have filed this same assemblish.
Please list any other agencies with whom you have filed this same complaint:
Your signature (required):
Today's date: