### **Title VI Complaint Form**

### **Skagit County**

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:PWTitleVI@co.skagit.wa.us">PWTitleVI@co.skagit.wa.us</a>, or send by postal mail to:

Agency Use Only

Received / /

Response / /

Report / /

Briefing / /

Skagit County Attn: Title VI Coordinator 1800 Continental Place Mount Vernon, WA 98273

Your Name			Your Phone:							
Best time of da	y to contact you	about this	Your Email A	ddress						
☐ 7am — 10am ☐ 10am — 1pm ☐ 1pm — 4pm ☐ 4pm — 7pm										
Your Mailing Ad	ddress (Street/Po	O Box, City,	State, Zip)							
What was the alleged discrimination based on? Select all applicable:  Date of alleged incident										
Race	☐ Color	☐ Natio	onal Origin (In							
Agency or person(s) responsible for the alleged discrimination.										
Name		City	State	Zip Code		Ph	none number			

## **Skagit County**

# **Title VI Complaint Form**

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 07/2023

## **Skagit County**

# **Title VI Complaint Form**

ADDITIONAL INFORMATION

What remedy are you seeking payment of punitive damages	g for the al	leged discrimir ial compensati	nation? Please not on.	e that this process v	vill not resultin the				
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		have filed this	same complaint:						
Name	State								
Signature (REQUIRED)					Date				

#### **Title VI Complaint Form**

#### **Skagit County**

#### **Skagit County 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 Skagit County 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:
  - Skagit County, Attn: Title VI Coordinator, 1800 Continental Place, Mount Vernon, WA 98273
  - or email to: <u>PWTitleVI@co.skagit.wa.us</u>

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.