

**City of Fircrest**  
**Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the grounds 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." Note: Complaints must be filed within 180 days of the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe the alleged discrimination. Please include all of the facts upon which the complaint is based. Indicate who was involved and include how you feel the other persons were treated differently than you. Attach additional materials as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date, time and location of incident: \_\_\_\_\_

\_\_\_\_\_

Have you filed this complaint with any other federal, state or local agency? \_\_\_\_\_

If yes, please include the agency name, contact person, address and phone # where the complaint was filed \_\_\_\_\_

\_\_\_\_\_

Please fill out the form completely and submit to:

City of Fircrest  
Attn: Title VI Coordinator  
115 Ramsdell Street  
Fircrest, WA 98466  
253-564-8901

I affirm under penalty of perjury that the information provided is true to the best of my knowledge. I understand that all information I provide becomes a matter of public record after the filing of this complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date