



OFFICE USE ONLY	
Date Received:	____/____/____
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TITLE VI DISCRIMINATION COMPLAINT FORM

Victim(s) of alleged discrimination:		
NAME		
STREET ADDRESS		
CITY	STATE	ZIPCODE
DAYTIME TELEPHONE	EMAIL ADDRESS	
Person alleging discrimination, if different from above:		
NAME		
STREET ADDRESS		
CITY	STATE	ZIPCODE
DAYTIME TELEPHONE	EMAIL ADDRESS	
RELATIONSHIP TO THE PERSON(S) NAMED AS VICTIM		
BFCG staff member(s), board member(s), consultant(s), or program(s) that allegedly discriminated:		
NAME	PROGRAM	
NAME	PROGRAM	
NAME	PROGRAM	
DATE ALLEGED DISCRIMINATION BEGAN	DATE OF LAST INCIDENT	

Basis of Alleged Discrimination

A complaint must be filled within 180 calendar days of the date the complainant learned of the alleged discrimination. If your complaint is in regard to either alleged discrimination in the delivery of services or in the treatment of you (or the person(s) named as victim(s) by associates or programs of the Benton-Franklin Council of Governments, please indicate below what you believe to be the basis of the alleged discrimination.

Race / Ethnicity: _____

Age: _____

Gender: _____

Other: _____

Explanation

In the space below please explain as clearly and in as much detail as possible the nature of the discrimination you are alleging (attach additional sheets if necessary). Provide the names of all witnesses, if any, to the alleged discrimination. Attach copies of all written materials pertaining to your complaint.

By signing below I certify that the statements contained on this form are true to the best of my knowledge.

Signature

Date

Send this form and all attachments to:

**Attn: Title VI Coordinator
Benton-Franklin Council of Governments
1622 Terminal Drive
Richland, WA 99354**

Documents may be sent via the U.S. Postal Service or faxed to (509) 943-6756.