

Washington State Department of Transportation 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 WSDOT 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 as directed on the form. We cannot accept unless it has been signed.)
3. Upon receipt the complaint form, it will be reviewed to ensure that it is complete. 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.
4. 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.



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.

Instructions: Please fill out the form below and send it to:

Washington State Department of Transportation

Office of Equal Opportunity, Att: Complaints

Box 4734, Olympia WA 98504-7314 or email to: oeoecrbcomplaints@wsdot.wa.gov

Your Name
Your Phone Best time of day to contact you about this complaint: <input type="checkbox"/> 7am-10am <input type="checkbox"/> 10am-1pm <input type="checkbox"/> 1pm-4pm <input type="checkbox"/> 4pm-7pm
Your Email Address
Your Mailing Address (Street/PO Box, City, State, Zip)
Name, address, and telephone number of person(s) who is alleged to have discriminated against you.
Date of alleged incident
Discrimination because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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.
PLEASE COMPLETE PAGE 2 OF 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 numbers, addresses, email addresses, etc.

List any other agencies with whom you have filed this same complaint:

Signature (REQUIRED)

Date