

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 by completing this form and send by e-mail to oecrcomplaints@wsdot.wa.gov, or send by postal mail to:

Washington State Department of Transportation Office of Equity and Civil Rights Att: Complaints
Box 47314, Olympia WA 98504-7314

Agency Use Only						
Received	/_	/	_			
Response	/_	/	_			
Report	/	/				
Briefing	/_		_			

Your Name						Your Phor	ne:
Best time of day	to contact you	about this	complaint:		Your Email A	ddress	
7am – 10am	10am – 1pm	1pm	– 4pm	4pm – 7pm			
Your Mailing Add	ress (Street/PC	Box, City,	State, Zip)				
What was the alleg	ed discriminat	ion hased (n? Select al	l annlicable:			Date of alleged incident
What was the alleged discrimination based on? Select all applicable: Race Color National Origin (Including Limited English Proficiency)					ciency)	Date of anogen moracin	
Agency or person((s) responsible	for the alle	ged discrimi	nation.			
Name		City	State	Zip Code	e	Ph	none number



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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



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ADDITIONAL INFORMATION

What remedy are you seeking payment of punitive damages	g for the al s or financ	leged discrimir ial compensati	nation? Please not	te that this process v	vill not resultin the
List any other persons that winclude their phone numbers	, addresse	es, email addres	sses, etc.		
Name	City	State	Zip Code	Email	Phone number
Link any other aronaine wish.		have filed this			
List any other agencies with	State	nave filed this	same complaint:		
Signature (REQUIRED)					Date

Washington State Department of Transportation

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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 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

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.