



CITY OF LYNDEN  
TITLE VI COMPLAINT FORM

This form may be used by anyone who believes they have experienced discrimination based on race, color, national origin or sex in violation of Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, or any other related statues and regulations. You do not need an attorney to file or pursue this complaint; however, you may wish to seek legal advice regarding your rights under the law.

**Instructions:** Please fill out this form completely and submit via email or by mail to:

City of Lynden  
Attention: Title VI Coordinator  
300 4<sup>th</sup> Street  
Lynden, Washington 98264

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

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

City, State and Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

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

1. If applicable and known, provide name, location, position / title of person(s) who you allege discriminated against you, date of incident(s) and state how you were discriminated against (attach additional written material if needed): \_\_\_\_\_

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

2. Identify the alleged basis of discrimination:

Race \_\_\_\_ Color \_\_\_\_ National Origin \_\_\_\_ Sex \_\_\_\_ Other \_\_\_\_

3. Please list below any person(s) we may contact for further information to support or clarify your complaint (witness, fellow employees, supervisors, others):

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

Position / Title: \_\_\_\_\_

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

Phone # / Email: \_\_\_\_\_

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

Position / Title: \_\_\_\_\_

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

Phone # / Email: \_\_\_\_\_

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

Position / Title: \_\_\_\_\_

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

Phone # / Email: \_\_\_\_\_

4. What action do you, the complainant, request of the City of Lynden? Can you provide a suggested resolution of the complaint? \_\_\_\_\_

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

5. Have you filed a lawsuit or complaint regarding this matter anywhere else? If yes, give the name and address of each place where you have filed, and status of that process: \_\_\_\_\_

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

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 of Complainant

\_\_\_\_\_  
Date