



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 print and fill out this form completely. Submit completed form to:

City of Lynden
Attention: Title VI Coordinator
300 4th Street
Lynden, Washington 98264

Complainant Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone: Home: _____ Other: _____

E-Mail 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 Numbers: _____

Name: _____

Position / Title: _____

Mailing Address: _____

Phone Numbers: _____

Name: _____

Position / Title: _____

Mailing Address: _____

Phone Numbers: _____

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