

## **DISCRIMINATION CLAIM**

Submit to:

City of Chehalis Title VI Coordinator (City Clerk)
Chehalis City Hall
350 N. Market Blvd. | Chehalis, WA 98532

Date Received:	
Received by:	

If you believe that you have not been treated equally because of your race, national origin, gender, disability, or other legally protected reason, you have the right to file a formal complaint. If you would like to submit a Discrimination Complaint to the City of Chehalis, please complete this form and send to the Title VI Coordinator at the address above.

CLAIMANT INFORMATION			
	FIRST MANAGE		
LAST NAME:	FIRST NAME:		
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE: HOME	CELL	_	
EMAIL ADDRESS			
DISCRIMINATION			
Discrimination because of:			
Race/Color Sex/Gender	Disability Age	Retaliation	
National Origin	Income Status	Limited English Proficiency	
DISCRIMINATION INCIDENT			
1. Date of alleged incident:			
Name of person(s) whom you believe discriminated against you:			
		dicate who was involved and how you feel other bout what happened, please attach to this form:	

4. Why do you believe these events occurred?		
5. How can this issue be resolved to your satisfaction? This process will not result in the payment of punitive damages or financial compensation.		
6. What other information would help us understand what happened? Is there anyone we should contact for additional information? If so, please list their names, phone numbers, addresses, email addresses, etc.		
SIGNATURE		
<del></del>		
Signature Date		

Si necesita que esta información se traduzca a un idioma alternativo, póngase en contacto con el Coordinador del Título VI en cityclerk@ci.chehalis.wa.us. Por favor, espere dos semanas para el procesamiento.