



# TITLE VI / DISCRIMINATION CLAIM

Claims must be presented to: City of Battle Ground Title VI Coordinator  
109 SW 1<sup>st</sup> Street, Suite 221  
Battle Ground, WA 98604

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

The City of Battle Ground, Washington assures that no person shall on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (P.L. 100.259) be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity of the City.

Any individual who believes that they have experienced unlawful discrimination under Title VI may submit a complaint. Please type or print legibly and provide clear and concise information when describing the alleged discriminatory practice or act.

## CLAIMANT INFORMATION

Form 2012

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Provide phone number and circle which you prefer to be contacted at:

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Individual discriminated against if someone other than complainant noted above:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Do you require language interpretation? Yes No If yes, what language? \_\_\_\_\_

Do you require sign language interpretation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who can we contact if we are not able to reach you? \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Relationship to you \_\_\_\_\_

## DISCRIMINATION

I believe I have been discriminated against in:

\_\_\_\_\_ Employment \_\_\_\_\_ Public Accommodation \_\_\_\_\_ Fair Contracting

I believe I have been discriminated against because of my:

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

What City of Battle Ground department do you believe discriminated against you?

\_\_\_\_\_ City Council \_\_\_\_\_ City Manager/Executive \_\_\_\_\_ Public Works \_\_\_\_\_ Court

\_\_\_\_\_ Finance & Information \_\_\_\_\_ Community Development \_\_\_\_\_ Police

Name of the person(s) whom you believe discriminated against you: \_\_\_\_\_

\_\_\_\_\_



# TITLE VI DISCRIMINATION CLAIM

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Form 2012

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the City of Battle Ground, Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Please print legibly and attach documents relating to expenses, injuries losses and/or repairs.

## DISCRIMINATION INCIDENT

What day did this occur? \_\_\_\_\_ What time? \_\_\_\_\_ AM/PM

Where did the discrimination occur? \_\_\_\_\_

What happened and how do you feel your were discriminated against? \_\_\_\_\_

Have you tried to resolve the issue through a grievance process, due process hearing, or some other method?  Yes  No

If yes, what method? \_\_\_\_\_

If yes, what is the status of the process? \_\_\_\_\_

Have you filed the same complaint with any other federal, state, or local agency?  Yes  No

If yes: Date filed: \_\_\_\_\_ What agency was the complaint filed with: \_\_\_\_\_

Contact information at the agency/court where the complaint was filed:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

If yes, what is the current status of the complaint? \_\_\_\_\_

Please attach any written materials or provide any other or additional information you believe is relevant to your complaint.

## SIGNATURE

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FOREGOING IS TRUE AND CORRECT. THIS CLAIM FORM MUST BE SIGNED BY THE CLAIMANT, A PERSON HOLDING A WRITTEN POWER OF ATTORNEY FROM THE CLAIMANT, BY AN ATTORNEY ADMITTED TO PRACTICE IN WASHINGTON STATE ON THE CLAIMANT'S BEHALF OR BY A COURT APPOINTED APPROVED GUARDIAN OR GUARDIAN AD LITEM ON BEHALF OF THE CLAIMANT.

\_\_\_\_\_  
SIGNATURE

DATED: \_\_\_\_\_