



City of Battle Ground CIVIL RIGHTS AND TITLE VI COMPLAINT PROCEDURES

Individuals, or individuals as members of a specific class of persons, who feel they have been discriminated against with respect to city services or benefits on the basis of race, color, national origin, or sex may file a written complaint with the City of Battle Ground.

Submission of Complaints

Complaints alleging discrimination on the basis of race, color, or national origin may be submitted to the Civil Rights/Title VI Coordinator of the City of Battle Ground, 109 SW 1st Street, Battle Ground, WA 98604. The complaint must be submitted in writing and must be signed by the complainant and/or the complainant's representative and contain the complainant's contact information. The complaint must contain information about the alleged discrimination such as basis of complaint (i.e., race, color, national origin or sex), location and date where incident occurred, and name(s) of alleged discriminating official if known and any witnesses to the problem.

Complaints may be submitted by mail or e-mail, provided they identify the communication as "Civil Rights Violation" or "Title VI Complaint". Other alternative means of filing complaints, such as personal interviews or tape recording of the complaint, will be made available for persons with disabilities upon request. The request should be made to the Title VI Coordinator listed below.

The complaint should be submitted by the complainant and/or representative as soon as possible but no later than one hundred eighty (180) calendar days after the alleged violation to:

City of Battle Ground
Civil Rights/Title VI Coordinator
109 SW 1st Street
Battle Ground, WA 98604
Office: (360) 342-5000
Fax: (360) 342-5057
Web Site: www.cityofbg.org

The City of Battle Ground will acknowledge receipt of the complaint within ten (10) days, inform the complainant of action taken or proposed action to process the allegation.

Investigation of Complaints

The City of Battle Ground will review complaints and may ask the complainant to provide additional information if more information or clarification is needed. Within sixty (60) days of receipt of the complaint, the Coordinator will conduct an investigation of the allegation and based on the information obtained, will render a recommendation for action as necessary.

Disposition of Complaints

A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Coordinator and a copy forwarded to the complainant no later than ninety (90) calendar days after its filing. Upon request, the determination will be made available in a format accessible to the complainant, such as large print, audio tape, or e-mail.

Appealing Disposition of Complaints

Complainants that are not satisfied with the disposition of the complaint by the Coordinator may appeal to the City Manager. The appeal should be made with the Coordinator within ten (10) working days of the date of the resolution. The request will be forwarded to the City Manager for a final determination.

The Coordinator shall maintain a record of each complaint and appeal, the City Manager response(s), and steps taken to resolve the complaint. The individual's right to a prompt and equitable resolution of a complaint will not be impaired by his/her pursuit of other remedies. The use of this grievance process is not a prerequisite to the pursuit of other remedies.

Should you need to obtain information in an alternate format please contact the Civil Rights/Title VI Coordinator at cityclerk.info@cityofbg.org.

Individuals may also file Civil Right discrimination complaints with the follow agency:

United States Department of Justice
Western District of Washington
United States Attorney's Office
700 Stewart St., Suite 5220
Seattle, WA 98010-1271
Phone: (206) 553-7970

Individuals may also file Title VI discrimination complaints with the following agencies:

Washington State Department of Transportation
Office of Equal Opportunity, Title VI Program
P.O. Box 47314
Olympia, WA 98504-7314
Phone: (360) 705-7098

Federal Highway Administration
Washington Division Office
711 Capitol Way South, Suite 501
Olympia, WA 98501
Phone: (360) 534-9325

For More Information via the internet go to:

http://www.fta.dot.gov/civilrights/civil_rights_5088.html.

If you require this information in another format, please contact the Coordinator at cityclerk.info@cityofbg.org. Please allow 2 weeks for processing.



TITLE VI / DISCRIMINATION CLAIM

Claims must be presented to: City of Battle Ground Title VI Coordinator
109 SW 1st 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: _____