



Discrimination/ADA Complaint Form

Instructions: Please fill out this form completely, sign and submit it online. If filling out this form presents a hardship for you, you may orally report your complaint by contacting the Nondiscrimination Compliance Coordinator at (360) 360-5303.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone - Home: _____ Business: _____

Email: _____

Person Discriminated Against: Complainant Other: _____

Address: _____

City, State and Zip Code: _____

Telephone - Home: _____ Business: _____

Email: _____

Date and Time of Incident: _____

Basis of Discrimination:

- | | |
|---|---|
| <input type="checkbox"/> race | <input type="checkbox"/> color |
| <input type="checkbox"/> religion/creed | <input type="checkbox"/> age |
| <input type="checkbox"/> sex | <input type="checkbox"/> national origin/ancestry |
| <input type="checkbox"/> physical/mental disability | <input type="checkbox"/> medical condition |
| <input type="checkbox"/> marital status | <input type="checkbox"/> veteran's status |
| <input type="checkbox"/> genetic information | <input type="checkbox"/> retaliation |
| <input type="checkbox"/> other: _____ | |

Description of Complaint:

Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. Provide the name(s) where possible, of the individuals involved:

Attach a File to this form

Additional Contacts

Names of person(s) (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify the complaint:

Name	Address	Telephone Number	Email
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Resolution of Complaint

Describe how you would like to see this complaint resolved.

Other Remedies

Has the complaint been filed with any other Federal, State or local civil rights agency or court?

Yes No

Agency or Court:

Contact Person:

Address:

City, State and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes No

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Signature: _____

Date: _____