



**Asotin County PTBA
Title VI
Discrimination Complaint Form**

Asotin County PTBA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the General Manager at 509-758-3567. The completed form must be returned to Asotin County PTBA, 1494 Poplar Street, Clarkston, WA 99403.

1. What is the name of the person discriminated against?

Name _____
Address _____
City, State, and Zip Code _____

2. What is the name and address of the institution, agency, or person that you believe discriminated against you?

Name _____
Address _____
City, State, and Zip Code _____

3. What was the reason you believe you were discriminated against? Was it because of your:

a. Race b. Color c. National Origin d. Other _____

4. When do you believe that the discrimination took place? _____

5. In your own words, explain what happened and who you believe was responsible. Please be as specific as possible. You may attach additional sheets if needed.

6. Have you tried to resolve this complaint with the institution, agency or person?
Yes No

If yes, what is the status of the complaint?

7. Are you filing this complaint for someone else? Yes No

If yes, against whom do you believe the discrimination was directed?

First Name _____ Last Name _____

8. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check all that apply: Federal Agency Federal Court State Agency
State Court Local Agency

9. What is the name of the contact person at the agency/court where the complaint was filed?

Name _____

Agency/Court Name _____

Address _____

City, State, and Zip Code _____

Telephone Number (____) _____

10. Please sign below. You may attach any written materials or other information that you think can be helpful to us in looking into your complaint.

Complainant's Signature

Date

Filing a complaint with our Title VI Office is voluntary. However, without the information requested above, our Title VI Office may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Asotin County PTBA for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You may also email or write a letter and send it to the address above.

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| | <p>Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance (42 U.S.C. Section 2000d).</p> <p>Asotin County PTBA is committed to practicing non-discrimination. If you believe you have been subject to discrimination you may file a complaint with the Asotin County PTBA General Manager.</p> |
| <p>For more info visit the Asotin County PTBA's website at www.ridethevalley.org or call 509-758-3567</p> | |