Title VI Complaint

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance including subrecipients."

If you believe that you have been discriminated against because of your race, color, or national origin (including limited English proficiency), by agency programs or activities, you have the right to file a formal complaint with the City of Sammamish within 180 days of the alleged incident by completing the form below.

Title VI Coordinator:
titlevicoordinator@sammaish.us, (425) 295 0500;
801 228th Avenue SE, Sammamish, WA 98075

Your information

Name

Email

Phone

Best time of day for phone call

○ 7 - 10 a.m. ○ 10 a.m. - 1 p.m. ○ 1 - 4 p.m. ○ 4 - 7 p.m.

Address

City/Town

State/Province

ZIP/Postal Code

Incident information

What was the alleged discrimination based on? Select all that apply

☐ Race ☐ Color ☐ National origin (including limited English proficiency)

Date of alleged incident

Agency or person(s) responsible for the alleged discrimination

Name	Phone	Address	City/Town	State/ Province	ZIP/ PostalCode

Describe the alleged discrimination. Please explain what happened, why you believe it happened and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you.

What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.

Additional parties

List any other persons that we should contact for additional information in support of your complaint. Please include contact information including email address, phone number and mailing address.

Name	Phone	Address	City/Town	State/ Province	ZIP/ PostalCode

Additional information

List any other agencies with whom you have filed this same complaint.

Agency Name	State/Province

Additional information