

# Wahkiakum On The Move

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## Title VI Customer Complaint Form

Wahkiakum County Health and Human Services is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.B If you believe you have been subjected to discrimination under Title VI, you may file a complaint.

### How to file a Title VI Complaint

You may file a signed, written complaint up to one hundred and eighty (180) days from the date the complainant became aware of the incident.

#### Mail or Call:

Wahkiakum On The Move  
Camille Goldsmith, Transportation Coordinator  
42 Elochoman Valley Road  
Cathlamet, WA 98612  
360-795-3101

#### E-mail:

goldsmithc@co.wahkiakum.wa.us  
Fax: 360-795-6212

**Important:** We cannot accept your complaint without a signature or without complete details about the issue.

#### PLEASE PRINT CLEARLY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Do you prefer to be contacted by e-mail?  Yes  No

If you are filing on behalf of someone else, please give the name and relationship of the person for whom you are complaining: \_\_\_\_\_

What is your relationship to the person for whom you are filing the complaint?  
\_\_\_\_\_

Did you obtain permission from the person for whom you are filing? Yes \_\_\_\_\_ No \_\_\_\_\_

I believe that the discrimination I experienced was based on (check all that apply):

Race  Color  National Origin (Classes protected by Title VI)

**Description of Issue:**

Date of alleged discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all the persons that were involved. Include the name and contact information of the person(s) that discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any and all witnesses and their phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.* \_\_\_\_\_

\_\_\_\_\_

Have you previously filed a Title VI complaint with this agency?  Yes  No

Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?  Yes If yes, check all that apply.  No

Federal Agency (List agency's name): \_\_\_\_\_

Federal Court (Please provide location): \_\_\_\_\_

State Court

State Agency (List agency's name): \_\_\_\_\_

County Court (Specify Court and County): \_\_\_\_\_

Local Agency (List agency's name): \_\_\_\_\_

If YES to question above, please provide information about a contact person at the agency/court where the complaint was file.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date