

# City of Bellevue

## Title VI Complaint Form



If you believe that you have been discriminated against because of your race, color, or national origin (including limited English proficiency), by city programs or activities, you may file a formal complaint by completing this form and sending it by postal mail to:

**City of Bellevue**  
**Attn: Human Resource Director**  
**P.O. Box 90012**  
**Bellevue, WA 98009-9012**

City of Bellevue Use Only		
Received		
Response		
Report		
Briefing		

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

Phone Number: \_\_\_\_\_

Best time of day to contact you about this complaint:

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

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

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

Street

City

State

Zip

What was the alleged discrimination based on? Select all applicable:

- Race     
  Color     
  National Origin (Including limited English proficiency)

Date of alleged incident: \_\_\_\_\_

Agency or person(s) responsible for the alleged discrimination:

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

\_\_\_\_\_

City

State

Zip

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

Phone Number: \_\_\_\_\_

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. Please attach any supporting documents to this form. If you require additional space, please continue your response on another sheet of paper and attach to this form.

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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.

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List any other persons that we should contact for additional information in support of your complaint. Please include their phone numbers, addresses, email addresses, etc.

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

Phone Number: \_\_\_\_\_

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

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

Street

\_\_\_\_\_

City

State

Zip

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

Phone Number: \_\_\_\_\_

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

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

Street

\_\_\_\_\_

City

State

Zip

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

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

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

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

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

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

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Signature (Required)

Date



For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-6168 (voice) or email [ADATitleVI@bellevuewa.gov](mailto:ADATitleVI@bellevuewa.gov). For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at [ADATitleVI@bellevuewa.gov](mailto:ADATitleVI@bellevuewa.gov).

BHR-23-8119