

## Title VI Complaint Procedure – Lummi Indian Business Council

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 or under any related statutes and regulations relating to any program or activity administered by the Lummi Indian Business Council or its sub-recipients, consultants, and/or contractors. The Lummi Indian Business Council is responsible for ensuring that all Title VI discrimination complaints occurring within the Federal-aid transportation program are investigated. If a complaint is against the Lummi Indian Business Council, the Washington Department of Transportation (WSDOT) Office of Equal Opportunity (EOE) will investigate the complaint.

Intimidation or retaliation of any kind is prohibited by law.

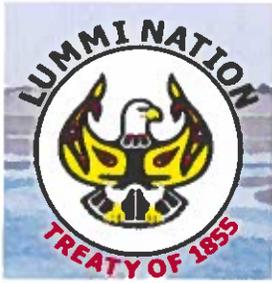
### INSTRUCTIONS TO CLAIMANTS:

1. Please submit your complaint within 180-days of the alleged occurrence or from when the alleged discrimination became known to you.
2. Please use the Lummi Indian Business Council Title VI Complaint Form and submit to:  
Lummi Indian Business Council  
ATTN: Title VI Coordinator  
2665 Kwina Road  
Bellingham, WA 98226

### Processing of Complaints:

1. Upon receipt of the complaint, the Title VI Coordinator will determine whether the Lummi Indian Business Council has jurisdiction over the complaint, the acceptability of the complaint, whether additional information is needed, and the Title VI Coordinator may determine the merit of the complaint.
2. The Title VI Coordinator will send the Complainant a written notice of receipt of the complaint within five (5) working days from the receipt of the complaint and will forward a copy of the initial complaint to the Human Resources Department, if the complaint involves a Lummi Indian Business Council employee.
3. A complaint may be dismissed for the following reasons:
  - a. The Complainant requests withdrawal of the complaint.
  - b. The Complainant fails to respond to repeated request for additional information needed to process the complaint.
  - c. The Complainant cannot be located after reasonable attempts.
4. If the complaint is against the Lummi Indian Business Council Public Works Department, the complaint will be forwarded and referred to the WSDOT Office of Equal Opportunity (EOE) for proper disposition pursuant to its Title VI complaint procedures.
5. Once WSDOT's EOE issues its final decision, the Department of Public Works will notify all parties involved of such determination.
6. Appeals. Contact WSDOT's EOE at 360-705-7090 for information on their most current appeal procedures and anytime limits for bringing an appeal.

The procedures do not deny the right of complainant to file formal complaints with other local, state or federal agencies, or to seek legal counsel for complaints alleging discrimination.



Title VI Complaint Form – Lummi Indian Business Council

Today's Date: \_\_ - \_\_ - \_\_\_\_

Please complete this form to the best of your ability. If you need translation or other assistance, please contact 360.312.2142.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

What is the best time to contact you regarding this complaint? \_\_\_\_\_ (AM) (PM)

Email address: \_\_\_\_\_

*Basis of complaint (Circle all that apply):*

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Includes language access)
-------------------------------	--------------------------------	---

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

*Who discriminated against you?*

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

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. If you have any other information about what happened. Please attach supporting documentation to the form. (Attach additional pages if more space is needed.)

---



---



---



---



---



---



---

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.

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

List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, address and email address below.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who: \_\_\_\_\_ When: \_\_\_\_\_

Status: (Pending, resolved, etc.) \_\_\_\_\_ Results, if known: \_\_\_\_\_

Complaint number, if known: \_\_\_\_\_

Do you have an attorney in this matter? \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

