



TITLE VI COMPLAINT FORM

Transportation Programs and Activities

Purpose. Use this form if you believe you have been discriminated against on the basis of race, color, or national origin (including limited English proficiency) in connection with a federally assisted transportation program or activity of Coastal Community Action.

Filing deadline. A Title VI complaint should ordinarily be filed within 180 days of the alleged discrimination, consistent with applicable WSDOT/FTA requirements. If you need assistance completing this form, language assistance or an accessible format, please contact Coastal Community Action.

Submit complaint to	Coastal Community Action Program
Mailing address	101 E Market St, Aberdeen, WA 98520
Phone	(360)-533-5100
Email	Coastalcap.org

1. Complainant Information

Name:

Mailing Address:

City / State / ZIP:

Phone:

Email:

Preferred method of contact: ☐Phone ☐Email ☐Mail

Best time to contact you:

2. Basis of Complaint

Select all that apply:

☐ Race ☐ Color ☐ National origin ☐ Limited English proficiency (LEP)

3. Alleged Discrimination

Date(s) of alleged discrimination:

Location / transportation service involved:

Name(s) of employee, driver, contractor, or other person(s) involved:

Describe what happened. Explain why you believe the treatment was related to race, color, national origin, or LEP. Include any relevant facts, dates, locations, and witnesses.

4. Other Information or Witnesses

List other people who may have information supporting your complaint. Include name, phone/email, and relationship to the matter.

5. Other Complaints or Agencies

Have you filed this same complaint with another agency? ☐ Yes ☐ No

If yes, identify the agency, date filed, and case/reference number (if known):

6. Requested Resolution

What action or resolution are you requesting?

Note: The Title VI complaint process is intended to address alleged discrimination and improve program delivery. The process does not provide punitive damages or financial compensation through Coastal Community Action's administrative complaint process.

7. Certification and Signature

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand that Coastal Community Action may need to disclose relevant information to investigate and resolve the complaint, consistent with applicable law and confidentiality requirements.

Complainant signature:

Date:

If someone is submitting this complaint on your behalf:

Representative's name and relationship:

Representative's phone/email:

For Coastal Community Action Use Only

Date received:

Received by:

Complaint/reference number:

Date of alleged incident:

Basis: ☐Race ☐Color ☐National origin / LEP

Program/service involved:

Jurisdiction reviewed: ☐Yes ☐No

Acknowledgment sent:

Referred to WSDOT/FTA/other agency, if applicable:

Investigation/response status:

Disposition:

Date closed:

Corrective action / follow-up, if applicable:

Recordkeeping note. Maintain this form and related records securely in accordance with applicable federal, state, grant-agreement, and Coastal Community Action records-retention requirements.

This form is based on current WSDOT Title VI complaint requirements and is intended for Coastal Community Action's federally assisted transportation activities.