

## City of Woodburn Title VI and ADA Title II Complaint Form

Address: State: Zip Code: Telephone Number:	
Telephone Number:	
You felt you were discriminated against because of your:	
□ Race/Ethnicity □ National Origin	☐ Gender
□ Religion □ Age	☐ Disability
□ Other:	
To your best recollection, date and time of alleged incident:	
In your own words, please describe the alleged discrimination. Explain what happolicy, program, activity or person you believe was discriminatory. Indicate wand if applicable, the transit route and vehicle. Be sure to include the natinformation of any witnesses. If more space is needed, please use additional page	tho was involved mes and contact
Have you already tried to resolve the issue through a grievance process or some  ☐ Yes ☐ No	other method?

What type of corrective action or resolution would you like to see taken?
Have you filed this complaint with any other federal, state or local agency or with any court?
□ Yes □ No
If yes, check and identify all that apply:
☐ Federal Agency
☐ Federal Court
☐ State Agency
☐ State Court
☐ Local Agency
Please provide information for a contact person at the Agency or Court where the complaint was filed.
Name:
Address:
City, State, & Zip Code:
Telephone Number:
Please sign below (we cannot accept unsigned complaints). You may attach any additional written materials or other information you believe is relevant to your complaint.
Signature Date
Please mail this form to:

Human Resources Director City of Woodburn 270 Montgomery St Woodburn, OR 97071