



City of Woodburn Discrimination Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Were you discriminated against because of your:

Race/Ethnicity

National Origin

Gender

Disability

Other: _____

To your best recollection, date and time of alleged incident:

In your own words, please describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory. Indicate who was involved and if applicable, the transit route and vehicle. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages.

Have you already tried to resolve the issue through a grievance process or some other method?

Yes No

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

Or email to: HR@ci.woodburn.or.us

Or fax to: 503-982-3276

TTY Statewide Toll Free Relay: (800) 735-1232