



Discrimination Complaint Form and Procedures

City of Bremerton Use Only

Received	____/____/____
Response	____/____/____
Report	____/____/____
Briefing	____/____/____

If you believe that you have not been treated equally because of your race, national origin, gender, disability, or other legally protected reason, then you have the right to file a formal complaint with the City of Bremerton.

Instructions: If you would like to submit a Discrimination Complaint to the City of Bremerton, please fill out the form below and send it to: City of Bremerton, Attention Charlotte Nelson, Human Resources Manager, 345 6th Street, Suite 100, Bremerton, WA 98311.

1. Your Name:	2. Phone:	3. Home Address: (Street/PO Box, City State, Zip)												
4. Who do you feel discriminated against you? List their names and any other information you may know about them:		5. Date of alleged incident:												
6. Discrimination because of: <table><tr><td><input type="checkbox"/> Race/color</td><td><input type="checkbox"/> Sex (includes sexual harassment)</td><td><input type="checkbox"/> Vietnam Era Veteran</td></tr><tr><td><input type="checkbox"/> National origin</td><td><input type="checkbox"/> Sexual orientation</td><td><input type="checkbox"/> Disabled Veteran</td></tr><tr><td><input type="checkbox"/> Creed/religion</td><td><input type="checkbox"/> Marital status</td><td><input type="checkbox"/> Retaliation</td></tr><tr><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Age</td><td></td></tr></table>			<input type="checkbox"/> Race/color	<input type="checkbox"/> Sex (includes sexual harassment)	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> National origin	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Creed/religion	<input type="checkbox"/> Marital status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	
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7. Explain what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. If you have any other written materials about what happened, please attach them to this form.														

PLEASE COMPLETE PAGE 2 OF THIS FORM

ADDITIONAL INFORMATION

8. Why do you believe these events occurred?

9. How can this issue be resolved to your satisfaction? Please note that this process will not result in the payment of punitive damages or financial compensation.

10. What other information would help us understand what happened? Is there anyone we may contact for additional information? If so, please list their names, phone numbers, addresses, email addresses, etc.

Signature:

Date:

City of Bremerton

Discrimination Complaint Procedures

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HOW TO FILE A COMPLAINT

1. Within 180 days of the incident, complete the Title VI Complaint Form. You must answer every question.
2. Submit the complaint as directed on the form. The City will not act on or respond to a complaint made by telephone or in person.

WHAT HAPPENS NEXT

1. The City will receive and review the complaint form to determine if additional information is needed and which agency, if any, should further investigate the claim.
2. The City will notify you and the person(s) you identified as being involved in the alleged discrimination of the status of the complaint and, if needed, the process to resolve it.

Every effort will be made to resolve complaints informally. Resolution may include informal mediation meetings(s) between you and those you allege were involved. These procedures are part of an administrative process that will not result in the payment of punitive damages or other financial compensation.

3. The person(s) you identified as being involved in the alleged discrimination will have 10 days to respond.
4. Within 60 days of when you filed the complaint, the agency investigating the complaint will prepare a report that includes a description of the incident, who was interviewed, findings and recommendations for resolution. The report will be reviewed and finalized by the City Attorney, in consultation with other City staff.
5. 15 days after the investigative report is finalized, the City will schedule meetings with you and the person(s) you alleged were involved in the incident. You will be given a copy of the investigative report and will be notified of your right to appeal the findings.

These procedures do not deny you the right to file a formal complaint with other state or Federal agencies or seek private counsel for complaints alleging discrimination. Intimidation or retaliation against you of any kind is prohibited by law.

These procedures cover all complaints filed under Title VI of the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, Civil Rights Restoration Act of 1987, and the Americans with Disabilities Act of 1990, relating to any program or activity administered by the City of Bremerton, as well as its sub-recipients, consultants, and contractors.