**SKAMANIA COUNTY SENIOR SERVICES/SKAMANIA COUNTY TRANSIT**

**TITLE VI DISCRIMINATION COMPLAINT FORM**

Skamania County Senior Services/Skamania County Transit (SCSS) is committed to ensure that no person shall on the grounds of race, color, national origin, or sex as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any SCSS sponsored program or activity.

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| **Contact Information** |
| Name: |
| Address: |
| City: | State: | Zip: |
| Home Phone: | Work Phone: |
| Email: |
| **Discrimination Complaint** |
| Name of Staff Person that You Believe Discriminated Against You: |
| Date of Alleged Incident: |
| You were discriminated because of: | □ Race□ Retaliation□ Sex□ Familial Status□ Religion | □ Color□ **National Origin****(Language)**□ Age□ Disability□ Other |
| **Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:** |
| Signature: | Date: |