

**Catholic Charities Eastern Washington (CCEW) Title VI Complaint Form**

CCEW does not discriminate in the provision of service on the basis of race, color, and national origin.

Should you require any assistance in completing this form, please let us know.

Complete and return this form to:

Office of Grants, Contracts and Assessments  
ATTN: Title VI Program Coordinator  
Catholic Charities Eastern Washington  
PO Box 2253  
Spokane, WA 99210-2253

**Please type or print clearly**

1. Complainant's Name

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2. Address

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3. City, State, Zip Code

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4. Home Phone Number and Cell Phone Number

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5. Email Address

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6. Are you the Complainant?

Yes  No

If Not, What Is Your Name and Relationship to the Complainant?

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What Is Your Relationship to the Complainant?

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What Is Your Home Phone Number and Cell Phone Number?

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What Is Your Email Address?

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Does the Complainant know you are filing this complaint?

Yes  No

7. Which of the following best describes the reason you believe the alleged discrimination took place? Select all that apply. Was it because of your

- Race
- Color
- National Origin

8. Date of alleged discrimination (month/day/year)

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9. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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10. Please give the name, mailing address, home phone number, and cell phone number for anyone who witnesses the alleged discrimination

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11. What would you consider an appropriate resolution to your complaint?

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12. Have you filed this complaint with any other agency?

Yes  No

If yes, what is the name of the other agency?

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What is the agency contact person's name and phone number?

13. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

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Date (month/day/year)

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Within 15 working days of receiving the completed complaint, CCEW will acknowledge receipt of the complaint in writing. The letter will include information about the investigative steps to be taken and a timeline for resolution. If additional information is needed from the complainant, CCEW will request that information be provided in writing to append to the original complaint. A final letter of resolution will be sent to the complainant on completion of the investigation.

Upon request, alternative formats of this document will be produced for people who need accommodations. Call 509-358-4250.