

Civil Rights Discrimination Complaint Form

Instructions:

You MUST file your complaint within 180 calendar days of incident. You are not required to use this form to file a complaint. In your complaint, explain in as much detail as possible, how you were discriminated against. Include all relevant names and dates. Attach any additional documentation, as necessary, to your complaints. Someone from the Office of Civil Rights will be in contact with you **within seven (7) business days** of receiving the complaint.

Submit complaint to:

4611 S Ben Franklin Ln, Spokane, WA 99224
Email: info@busnws.com
Voice: 800-366-6975

Complainant Information

Name _____
Address _____
Phone _____
Email _____

Preferred method of contact:

- Phone
- Email

I am filing a complaint on behalf of:

- Self
 - Someone else (Specify who)
- _____

Complaint (Mark all that apply)

- Harassment
- Hostile Work Environment
- Retaliation

Basis of Complaint: (Mark all that apply)

Federal & State Protected Classes

- Age
- Color
- Disability
- Gender Identity
- Income Level
- Limited English Proficiency
- National Origin
- Race
- Sex
- Sexual Orientation

Complaint Details

Name of individual(s) you are filing the complaint against:

Name & Contact Info of Witness(es):

Date of last alleged act of discrimination:

Description of why you are filing your complaint: (attach additional pages if needed)

Signature _____
Date _____