



Title VI Complaint Process and Form

COMPLAINT OF DISCRIMINATION ON THE BASIS OF TITLE VI AGAINST THE SPOKANE REGIONAL HEALTH DISTRICT

Who can file a Title VI complaint?

Any individual, group of individuals, or entity that believes they have discriminated against based on race, color, sex, or national origin as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987.

Any individual having filed a complaint or participating in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same process for filling a discrimination complaint.

How do I file a complaint?

A formal complaint must be filed within one hundred and eighty (180) calendar days of the alleged occurrence. To file a formal complaint, fill out and submit the completed form to the Administration Office of the Spokane Regional Health District (SRHD). SRHD will not officially act or respond to complaints made verbally.

What happens when I file a complaint?

Upon receiving the written complaint, SRHD will appoint coordinator to investigate and adjudicate the complaint. The coordinator will send a letter of acknowledgement within ten (10) days of receiving the complaint.

The coordinator will determine the complaint's jurisdiction, acceptability, need for additional information, and the investigative merit of the complaint. SRHD has forty-five (45) days to investigate the complaint. If more information is needed to resolve the case, the coordinator may contact the complainant.

After the coordinator reviews the complaint, they will issue one of two (2) letters of resolution; a closure letter or a letter of finding.

- A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- A letter of finding summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.

What if I don't agree with the agency's letter of resolution?

A complainant who does not agree with the letter of resolution may submit a written request for a different resolution to the Administration Office of SRHD within thirty (30) days of the date of the letter. SRHD will analyze the facts of the case and will issue its conclusion to the appellant within 60 days of the receipt of the appeal.

Do I need an attorney to file or handle a complaint?

No, however, a complainant may wish to seek advice from private counsel regarding their rights under the law.

Submit completed complaint form to:

Spokane Regional Health District
Administration Office
1101 W. College Avenue, Suite 330
Spokane, WA 99201



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Section I: Complainant Contact Information			
Last Name:		First:	M.I.:
Address:		City:	State: Zip Code:
Phone #:		Email Address:	
Section II: Other Party			
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, go to Section III. If no, please complete the following information:</i>			
Name:		Relationship to the Complainant:	
Phone #:		Email Address:	
Please confirm that the Complainant knows you are filling this complaint. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section III: Allegation			
I believe the alleged discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (month/day/year):			
As clearly as possible describe the alleged discrimination. Explain what happened and who you believe was responsible. Please attach extra pages if additional space is needed.			
Please provide the name, phone number, and mailing address for anyone who witnessed the alleged discrimination:			
Name:		Phone #:	
Address:		City:	State: Zip Code:
Name:		Phone #:	
Address:		City:	State: Zip Code:
Section IV:			
Have you filed this complaint with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agency Name:		Contact Name:	Phone #

Note: You may attach any written materials or other information that you think is relevant to your complaint.

I hereby certify that the information provided is true and correct to the best of my knowledge.

Signature

Date