

Discrimination Complaint

It is the policy of Department of Licensing (DOL) to comply with all applicable federal and state laws, regulations, and executive orders related to civil rights in service delivery and facility access for the public. If you believe DOL may have discriminated against you in providing you access to DOL's public facilities or services, DOL wants to hear from you. Complete this form and mail to:

Civil Rights Compliance Coordinator
Department of Licensing
PO Box 9032
Olympia, WA 98507

Email: CivilRtsCoord@dol.wa.gov **Phone number:** (844) 200-4466

| | | |
|--|---------------------------|--------------------------------|
| Contact information – In case we need to communicate with you | | Tracking number (DOL use only) |
| Your name | (Area code) Daytime phone | Email |
| Home address (Address, City, State, ZIP code) | | |

Incident information

| | | |
|--|---|---|
| Incident date (mm/dd/yyyy) | Approximate time of incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Location of incident |
| Basis/Type of complaint (choose all that apply) | | Have you filed a complaint with another agency regarding this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," which agency? _____ |
| <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Low income <input type="checkbox"/> National origin/Limited English proficiency <input type="checkbox"/> Other (specify) _____ | | |
| Description of the incident (explain what happened) | | |
| Describe any supporting documents regarding the incident and attach them to this form | | |

Individuals involved, if applicable – Enter name, title, or phone number, if known

| | | |
|--|-------|--------------------------|
| Name of person you believe discriminated against you | Title | (Area code) Phone number |
| Name of person you believe discriminated against you | Title | (Area code) Phone number |
| Name of person you believe discriminated against you | Title | (Area code) Phone number |
| Name of witness to the incident | | (Area code) Phone number |
| Name of witness to the incident | | (Area code) Phone number |
| Name of witness to the incident | | (Area code) Phone number |

X

Signature

Date