



Discrimination Complaint

It is the policy of the Washington Department of Fish and Wildlife (WDFW) 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 WDFW may have discriminated against you in providing you access to WDFW's public facilities, programs, activities or services, WDFW wants to hear from you. Complete this form and mail to:

Civil Rights Compliance Coordinator
Washington Department of Fish and Wildlife
PO Box 43139
Olympia, WA 98504

Phone number: 360-902-0051

Email: Title6@dfw.wa.gov

Contact information – In case we need to communicate with you		Tracking number (WDFW 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)		
Provide and 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