

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 WDFWs 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

Contact information – In case we need to communicate with you Your name (Area code) Daytime phone Email	Phone number: 360-902-0051 Email: Title6@dfw.wa.gov			
Home address (Address, City, State, ZIP code)	Contact information – In case we need to communicate with you		Tracking number (WDFW use only)	
Incident information Incident date (mm/dd/gyyy) Approximate time of incident			Email	
Incident information Incident date (mm/dd/gyyy) Approximate time of incident				
Incident date (mm/dd/yyyy) Approximate time of incident a.m. p.m. Basis/Type of complaint (choose all that apply) Age The person you believe discriminated against you Title Area code) Phone number 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 witness to the incident (Area code) Phone number Name of witness to the incident (Area code) Phone number (Area code) Phon	Home address (Address, City, State, ZIP code)			
Incident date (mm/dd/yyyy) Approximate time of incident a.m. p.m. Basis/Type of complaint (choose all that apply) Age Have you filed a complaint with another agency regarding this incident? Yes No If "Yes," which agency? If "Yes," which agency? Tes," which agency? Tes," which agency? Tes," which agency? Tes, which	Incident information			
Basis/Type of complaint (choose all that apply) Basis/Type of complaint (choose all that apply) Race/Color Race/Color Sex Disability Age Counce National origin/Limited English proficiency 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 person you believe discriminated against you Title (Area code) Phone number Name of witness to the incident Name of witness to the incident (Area code) Phone number				
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X Signature

Date