



Service Access and Civil Rights Complaint Form for

Americans with Disabilities Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Language Access, and Protected Class Discrimination Complaints

If you need assistance filling out this form or if you need this form in another language or format,
please contact dcyf.civilrightscomplaints@dcyf.wa.gov or call toll free (866) 731-3202.

Name: Last _____ First _____

Are you filling out this form on behalf of yourself or someone else? Me Someone else

Name of other person: Last _____ First _____

Today's date: _____ (This complaint must be filed **within one year** of alleged discriminatory event.)

Address of person who believes they were discriminated against:

Street _____ Apt. # _____

City _____ State _____ Zip _____

Email _____

Phone _____ Preferred contact method: _____

Relationship/involvement with DCYF: _____

Case Number (if applicable): _____

Basis or reason for discrimination:

Race/Color

National Origin

Gender:

Male Female X/Non-binary

Pregnancy

Gender Identity

Sexual Orientation

Veteran or Military Status

Disability

Use of a Dog Guide/Service Animal

Immigration/Citizenship Status

Breastfeeding Mother

Creed/Religion

Preferred Written or Spoken Language

Please provide a short statement about what happened you believe is discrimination:

DCYF staff member(s) involved: _____

Office location: _____

Date of event/harm: _____

Location of event/harm: _____

Have you filed with another agency? If so which agency: _____

Please send your complaint form to dcyf.civilrightscomplaints@dcyf.wa.gov

Or

Mail it to Service Access and Civil Rights, DCYF, PO Box 40993, Olympia, WA 98504-0983

This complaint must be received by DCYF within **one year** of the event you believe is discriminatory. We will contact you within 15 business days of receiving this form.

You may file an anonymous complaint if you wish; to do this, leave out any personal information. However, please know that if you decide to file an anonymous complaint, we may not be able to fully investigate the complaint without being able to interview you to obtain all necessary information. We also will not be able to contact you regarding the outcome of the complaint.

If you are a DCYF employee with a complaint or need a workplace reasonable accommodation, contact DCYF at Human Resources at dcyf.reasonableaccommodation@dcyf.wa.gov

If you have a complaint unrelated to protected class discrimination or language access contact DCYF constituent relations at constrelations@dcyf.wa.gov

If you are a client, customer or member of the public who **needs a reasonable modification** from DCYF for a disability contact dcyf.adaaccessibility@dcyf.wa.gov