



NON-DISCRIMINATION INCOMMUNITY ATHLETIC PROGRAMS INTAKE QUESTIONNAIRE

Any citizen, who feels that they have been the victim of discriminatory treatment in violation of Revised Code of Washington (RCW) 49.60.505, should report their concern for appropriate investigation.

Thank you for taking the time to complete this Intake Questionnaire from the City of Ridgefield. This form provides us with information we can use to help us to serve you. It is not a formal complaint. Once we receive your completed questionnaire, we will review it and then contact you for additional information.

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Check which phone number you prefer to be contacted at:

HOME _____ WORK _____ CELL _____

EMAIL ADDRESS: _____

Do you require language interpretation? Yes No If yes, what kind? _____

Do you require sign language interpretation? Yes No

Who can we contact if we are not able to reach you? _____

Daytime phone number _____ Relationship to you _____

I believe I have been discriminated against in:

Gender equality

What City of Ridgefield department do you believe discriminated against you?

City Council

City Manager

Finance & Administration

Public Works

Police

Community Development

What private organization do you believe discriminated against you using one of the City of Ridgefield owned facilities

Ridgefield Little League

Lewis River Soccer

Other: _____

Name of the person(s) whom you believe discriminated against you: _____

What day did this occur? _____ What time? _____

Where did the discrimination occur? _____

What happened and how do you feel your were discriminated against? _____

Have you tried to resolve the issue through a grievance process, due process hearing, or some other method? Yes No If yes, what method? _____

If yes, what is the status of the process? _____

Have you filed the same complaint with anyone else? Yes No If yes, date filed: _____

If yes, who was the complaint filed with? _____

If yes, what is the current status of the complaint? _____

Under the laws of perjury, in the State of Washington, I declare that the following statement is an accurate, true and correct account of the event(s) that lead me to filing this complaint.

Signature

Date: _____

Please return completed form to:

City Clerk
City of Ridgefield
230 Pioneer Street, P.O. Box 608
Ridgefield, WA 98642

For office use only

Date received: _____ Received by: _____

