

(b) (6)



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Deputy City Manager/Title VI Coordinator
 CITY OF WALLA WALLA
 SUPPORT SERVICES DEPARTMENT
 15 N. 3rd Ave.
 Walla Walla, WA 99362
 Telephone number : (509) 527-4540
 Fax number : (509) 524-7977
 E-mail address: ada-titlevi@wallawallawa.gov
www.wallawallawa.gov

COMPLAINT FORM

INSTRUCTIONS:

The purpose of this form is to help any person interested in filing a discrimination complaint with the City of Walla Walla. If the complaint is against the City of Walla Walla, the City's Title VI Coordinator will forward it to the appropriate agency for investigation.

You are not required to use this form. You may write a letter with the same information, sign it and return it to the address printed above.

All items in bold must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color or national origin in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration. These prohibitions extend to the City of Walla Walla as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not. The City of Walla Walla's non-discrimination policy also prohibits discrimination based on age, gender, and income status.

The City of Walla Walla is also required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape or Braille. For TTY customers, dial 711 to reach the Washington Relay Service.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to the City of Walla Walla. Additionally, you have a right to seek private counsel.

The City of Walla Walla and its sub-recipients, consultants, and contractors are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI, ADA, or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

****Your complaint cannot be processed without your signature.**

COMPLAINANT INFORMATION		
Name <i>(first, middle, and last)</i> (b) (6)		
Address <i>(number and street, city, state and ZIP code)</i> (b) (6)		
Home telephone number () -	Work telephone number () -	Cellular telephone number (b) (6)

Name of complainant (b) (6)	Date (month, day, year) (b) (6)
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PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name (first, middle, and last) Scott Bieber & Capt. Chris Buttice	Title Chief of Police & Captain	
Name of company Walla Walla Police Dept.		
Address (number and street, city, state and ZIP code) 54 E Moore St.		
Home telephone number () -	Work telephone number (509) 529-527-4434	Cellular telephone number () -

When was the last alleged discriminatory act? (month, day, year) (b) (6)

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

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The alleged discrimination was based on:

Race Color Gender National Origin Disability Age Retaliation

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)



Name of complainant	Date (month, day, year)
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Provide the names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, and last)	Title
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Name of company

Address (number and street, city, state and ZIP code)

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

.....

Name of witness 2 (first, middle, and last)	Title
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Name of company

Address (number and street, city, state and ZIP code)

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

.....

Name of witness 3 (first, middle, and last)	Title
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Name of company

Address (number and street, city, state and ZIP code)

Home telephone number () -	Work telephone number () -	Cellular telephone number () -
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Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

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How would you like your complaint to be resolved?



Name of complainant (b) (6)	Date (month, day, year) (b) (6)
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Have you filed a complaint alleging the same discrimination with another state or federal agency? Yes No

If yes, please provide the following information for each agency:

Name of the agency	Date complaint filed (month, day, year)
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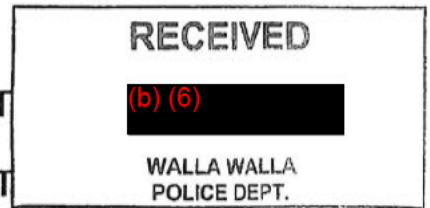
Case number assigned to your complaint	Current status of your complaint
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How did you learn about your right to file a discrimination complaint with the City of Walla Walla?
Walk in

(b) (6)	Date signed (month, day, year) (b) (6)
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***Your complaint cannot be processed without your signature

WALLA WALLA POLICE DEPARTMENT
COMPLAINT OF EMPLOYEE CONDUCT



This form should be used exclusively to report employee misconduct. Complaints regarding Walla Walla Police Department policies and procedures should be discussed with the Patrol Supervisor. Upon completion of this form, you may either return it in person or mail it to the Walla Walla Police Department, 15 N. 3rd, Walla Walla, WA 99362 Attn: Patrol Commander.

Name (b) (6) Phone (b) (6) day evening

Address _____ City _____ State _____

Date of Occurrence (b) (6) Time of Occurrence (b) (6)

Location of Occurrence (b) (6)

Names, Personnel #'s of employees (if known)

Names, addresses, phone #'s of witnesses

Officer Smith #223

Officer Thompson #264

(LIST ADDITIONAL EMPLOYEES AND/OR WITNESES UNDER THE DETAILS SECTION)

I want to ^{Report} complain because on (date): (b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

RECEIVED

(b) (6)

WALLA WALLA
POLICE DEPT.



U.S. Department
of Transportation
**Federal Highway
Administration**

1200 New Jersey Ave., S.E.
Washington, DC 20590

JUN 13 2019

In Reply Refer To: HCR-20
DOT# 2019-0246

(b) (6)

Dear (b) (6)

This letter is in reference to your complaint of discrimination, dated (b) (6) which was addressed to the City of Walla Walla, Washington and received by the Federal Highway Administration (FHWA) on May 9th, 2019. In the complaint, you alleged that you have been discriminated against on the basis of retaliation by the City of Walla Walla Police Department (Department).

After a thorough review of your complaint, the FHWA has determined that it does not have jurisdiction over the state agency involved—the Walla Walla Police Department—because the Department is not a recipient of financial assistance from the FHWA. However, the issues raised in your complaint may fall under the jurisdiction of the U.S. Department of Justice (USDOJ). Therefore, the FHWA will transfer your complaint to the U.S. Department of Transportation – Departmental Office of Civil Rights (DOCR) for review and/or appropriate action. You may contact the DOCR at:

Yvette Rivera, Esq.
Associate Director
Departmental Office of Civil Rights
Office of the Secretary
U.S. Department of Transportation
Main Office: 202-366-4648

Please be advised that the FHWA Office of Civil Rights has responsibility to investigate individual complaints of discrimination involving violations of the Americans with disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. These statutes prohibit discrimination based on disability, race, color, nation origin, and sex under any program or activity receiving Federal financial assistance from the FHWA.

If this office can be of assistance to you in any matter within the FHWA's enforcement responsibility, please contact us at 202-366-0693 or by email at CivilRights.FHWA@dot.gov.

Sincerely,



Nichole McWhorter
Title VI Program Team Leader

cc: Daniel Mathis, Division Administrator, FHWA WA Division Office
Melinda Roberson, Assistant Division Administrator, FHWA WA Division Office
Jodi Petersen, Civil Rights Program Manager, FHWA WA Division Office
Jim Esselman, Senior Attorney-Advisor, FHWA Office of Chief Counsel
Yvette Rivera, Associate Director, Equal Employment Opportunity Programs Division,
Departmental Office of Civil Rights
Kevin Resler, National Title VI Program Coordinator, FHWA Office of Civil Rights