



## Lewis County Department of Public Works

Josh S. Metcalf, PE, Director  
Tim D. Fife, PE, County Engineer

### Lewis County Public Works Complaint Form

This form may be used by anyone who believes she or he has experienced discrimination based on race, color, national origin or sex in violation of Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, or under Executive Order 12898 on Environmental Justice, or under any related statutes and regulations.

Please submit this completed form to:  
Lewis County Public Works Department  
Attention: Title VI Coordinator  
2025 NE Kresky Ave  
Chehalis, WA. 98532

Questions – call:  
(360) 740-1123 Voice

#### Complainant:

1. Name (please print):

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2. Mailing Address (street, city, state, zip):

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*Road Maintenance &  
Fleet Services*  
476 West Main St.  
Chehalis, WA 98532  
O 360.740.3380  
F 360.740.2741

*Administration, Engineering, Utilities,  
Real Estate Services & Traffic*  
2025 NE Kresky Ave.  
Chehalis, WA 98532  
O 360.740.1123  
F 360.740.1479

*Solid Waste Services*  
Post Office Box 180  
Centralia, WA 98531  
O 360.740.1451  
F 360.330.7805

3. Work Phone, Home Phone, Message Phone:

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4. E-mail Address:

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**Aggrieved party contact information if different from complainant:**

5. Name:

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6. Mailing Address (street, city, state, zip):

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7. Work Phone, Home Phone, Message Phone:

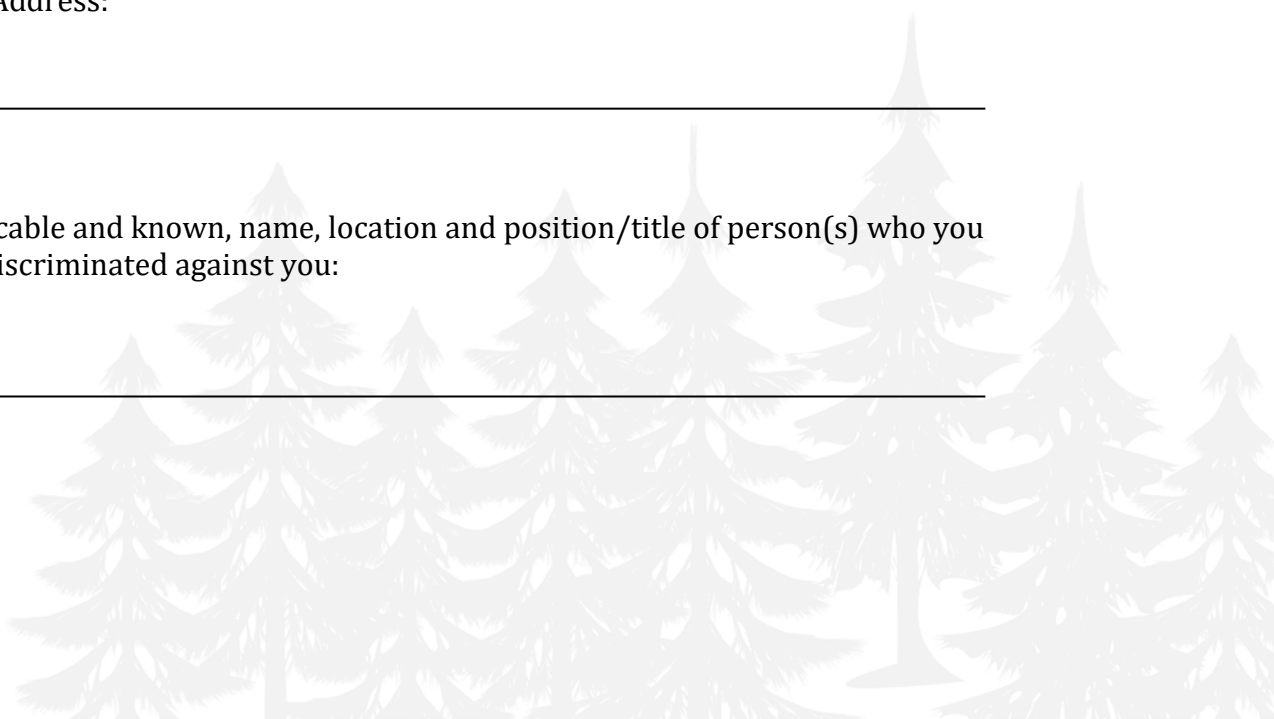
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8. E-mail Address:

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9. If applicable and known, name, location and position/title of person(s) who you allege discriminated against you:

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10. Date(s) and location(s) of incident(s) giving rise to the complaint:

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11. Identify the alleged basis of discrimination:

Race\_\_\_ Color\_\_\_ National Origin\_\_\_ Sex \_\_\_ Other\_\_\_

12. Please state how you believe you were discriminated against. Include all facts upon which the complaint is based. Indicate who was involved and include how you feel the other persons were treated differently than you. Attach additional written material if needed.

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13. If you think there is other information relevant to the complaint, please describe.

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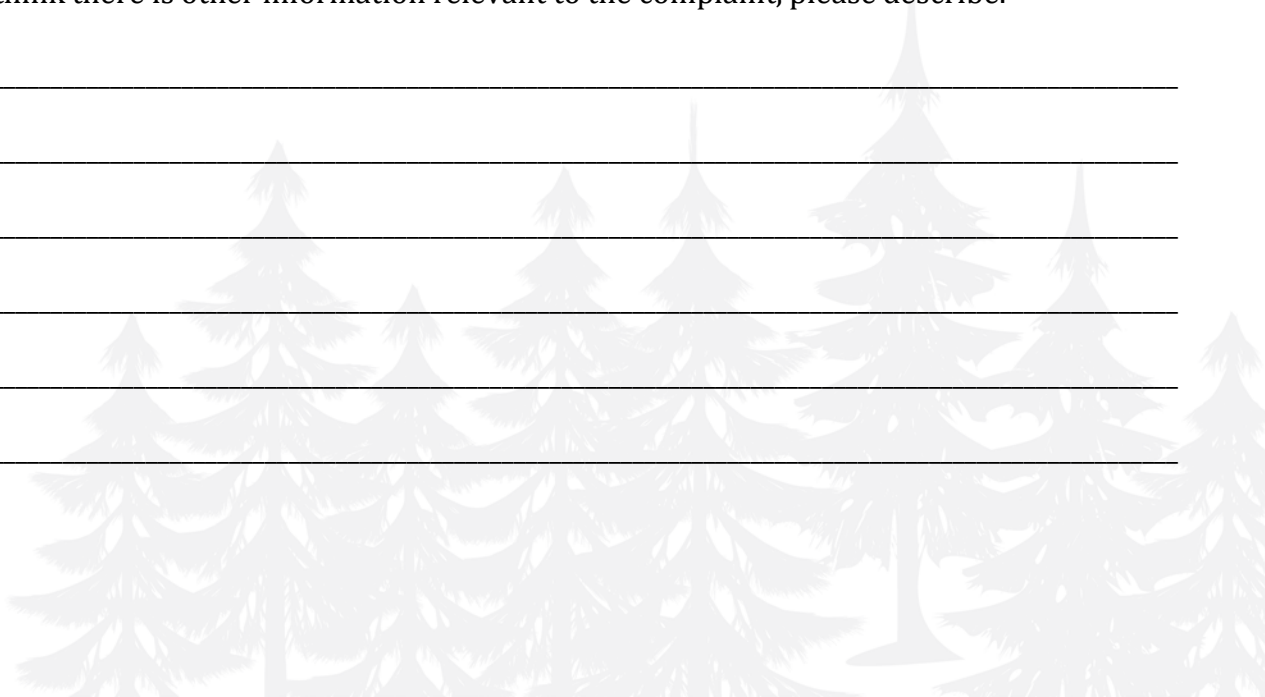
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14. Please list below any person(s) we may contact for further information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):

Name:	Position/Title:	Mailing Address:	Phone No:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. What action do you, the complainant, request of the Lewis County Public Works? Can you provide a suggested resolution of the complaint?

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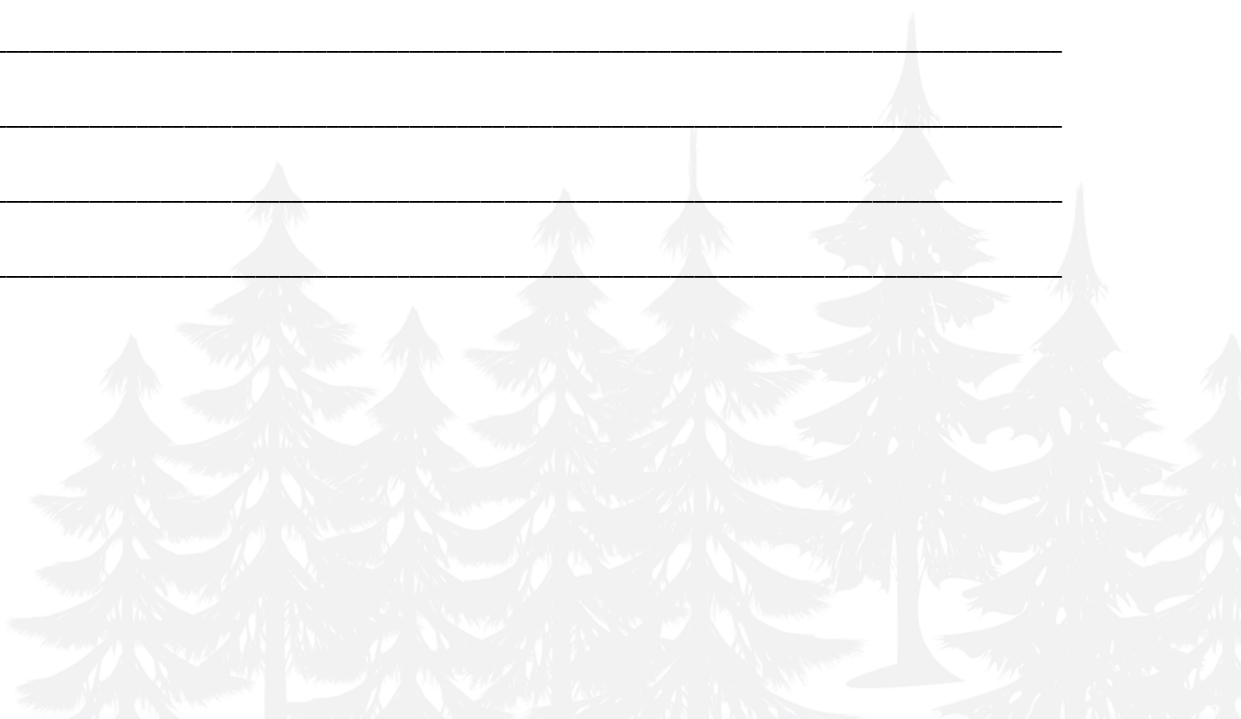
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16. Have you filed a lawsuit or complaint regarding this matter anywhere else? If yes, give the name and address of each place where you have filed, and status of that process:

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I affirm under penalty of perjury that the information provided is true to the best of my knowledge. I understand that all information I provide becomes a matter of public record after the filing of this complaint.

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Signature of Complainant

Date

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And/or Signature of Aggrieved Party (if different)

Date



