



Office of Justice and Civil Rights (OJCR) **OJCR Complaint Request**

Instructions: If you have a civil rights complaint, please complete this form to the best of your ability and return to OJCR via email: iraucorcomplaints@dshs.wa.gov.

If you have general questions or would like to speak to a member of the OJCR team, please feel free to reach out using one of the following methods:

Email: OJCR@dshs.wa.gov

Mailing Address: DSHS Justice and Civil Rights
PO Box 45131
Olympia WA 98504-5105

Fax: (360) 902-7540

Phone: 800-737-0617 Option 5 ((360) 902-7998)
TTY / TDD users dial 711 or 1-800-833-6384 for
Washington Relay Service

| Complainant Information | | |
|---|------------|----------------|
| Last Name | First Name | Middle Initial |
| Are you: <input type="checkbox"/> an employee or <input type="checkbox"/> a non-employee? | | |
| Email Address | | |
| Phone Number (include area code) | | |
| Person Submitting the Complaint (if other than Complainant) | | |
| Last Name | First Name | Middle Initial |
| Are you: <input type="checkbox"/> an employee or <input type="checkbox"/> a non-employee? | | |

Email Address

Phone Number (include area code)

Person Who Discriminated Against You

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

Official DSHS Title and Program Assignment (if known)

Is this person: an employee? **or** a non-employee?

Email Address

Phone Number (include area code)

Summary of Complaint

On what basis do you believe a discrimination occurred?
 My employment Services I received from DSHS

Date(s) of Conduct / Event

Please provide a brief description of the conduct or event.

Please provide the name(s), position information, and contact information for witnesses to the conduct or event.

Reason

Please select the reason(s) you believe apply to your complaint:

- Age:** I am 40 years of age or older
- Color**
- Disability**
- Genetic information, my family medical history, or my participation in genetic services** like counseling, education, or testing
- National origin and/or ethnicity**
- Race**
- Religion**
- Sex** (including pregnancy, sexual orientation, or gender identity)
- Retaliation:** I filed a charge of job discrimination about any of the above
- Retaliation:** I contacted a government agency to complain about job discrimination
- Retaliation:** I complained to my employer about job discrimination
- Retaliation:** I helped or was a witness in someone else's complaint about job discrimination
- Harassment:** Unwelcome conducted based on race, color, religion, sex, national origin, age disability, or genetic information
- Sexual harassment**
- Breastfeeding**
- Veteran status**
- Something else**

Please attach any documentation or other relevant information (such as photos, emails, etc.) that you believe are relevant to your complaint.

DSHS Employees: We want to remind you that in the event you are concerned for your safety in the workplace, DSHS may be able to develop a Safety Plan to address your concerns. Should you wish to receive more information about what this involves, please reach out to your Administration's assigned Human Resources Business Partner (HRBP) for further discussion.