

Title VI & ADA Complaint Form

Section I:		
Name:		
Street Address:		
City:	State:	Zip Code:
Phone (mobile):	Phone (work):	
Email:		
Accessible Format Requirements: <input type="checkbox"/> Large print <input type="checkbox"/> Audio Tape <i>Please select all that apply</i> <input type="checkbox"/> TDD <input type="checkbox"/> Other (please specify): _____		
Section II:		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If you answered "yes to this question, please continue to Section III.</i>		
If you answered "no", please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section III:		
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability		
Date of Alleged Discrimination (MM/DD/YYYY):		
Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

Section IV

Have you previously filed a Title VI or ADA complaint with this agency? [] Yes [] No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [] Yes [] No

If yes, check all that apply:

- [] Federal Agency: _____ [] Federal Court: _____
- [] State Agency: _____ [] State Court: _____
- [] Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of Agency Complaint is Against:

Contact Person:

Title:

Telephone Number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

How to submit this form:

Send via mail to: Port of Port Townsend
ATTN: Title VI/ADA Coordinator
P.O. Box 1180
Port Townsend, WA 98368

Submit in person at: Port of Port Townsend
2701 Jefferson St
Port Townsend, WA 98368

Send via email to: civilrights@portofpt.com