

**Port of Seattle
Title VI Coordinator's Office
Complaint Form**

Section I

Any person who believes he or she has been subjected to discrimination on the basis of race, creed, color, gender or national origin in any program or activity administered by the Port of Seattle has the right to file a complaint with the Port of Seattle. Complaints must be filed within one hundred eighty (180) days following the date of the alleged discriminatory occurrence, must be in writing, and must be delivered to the Office of General Counsel, Title VI Coordinator, P.O. Box 1209, Seattle, WA 98111, phone number 206-787-4066. If a complaint is initially made by phone, it must be supplemented with a written complaint within 180 days after the discriminatory event. This is not intended to deny or limit the right of a complainant to file a complaint with an outside agency, such as the U.S. Department of Transportation nor Federal Aviation Administration (FAA), or to seek private legal counsel regarding discrimination.

Please fill in your information below:

Basis for complaint

Race _____ Color _____ Gender _____ Creed _____ National Origin _____

Complainant

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

Electronic Mail Address: _____

Section II

Are you filing this complaint on your own behalf?

Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes ____ No ____

Section III

Have you previously filed a Title VI complaint with the Port of Seattle or a regulatory agency?
Yes ____ No ____

If yes, which agency?

Department of Transportation _____ Federal Aviation Administration _____

Department of Justice _____ Equal Employment Opportunity Commission _____

Other _____

Have you filed a lawsuit regarding this complaint? Yes ____ No ____

If yes, please provide a copy of the Complaint filed with the court.

Section IV

Name of employee(s), contractor(s), concessionaire(s), lessee(s), or tenant(s) of the Port of Seattle complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Title VI Discrimination Complaint Forms may be obtained from the office of the Title VI Coordinator at no cost to the complainant by calling (206) 787-4066 or sending an email to mailbox.t3@portseattle.org.

Please mail your completed form to: Port of Seattle, Office of General Counsel, Title VI Coordinator, Address: P.O. Box 1209, Seattle, WA 98111; phone number 206-787-4066.