



**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 filed using this form, and must be delivered to the Office of Equity, Diversity, and Inclusion, Title VI Coordinator, P.O. Box 1209, Seattle, WA 98111 or via email at [TitleSixCoordinator@PortSeattle.org](mailto:TitleSixCoordinator@PortSeattle.org). If a complaint is initially made by phone, it must be supplemented with this Complaint Form 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 \_\_\_\_\_ Sex \_\_\_\_\_ Creed \_\_\_\_\_ National Origin \_\_\_\_\_

**Complainant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-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 you answered "no", please provide the name and relationship of the person for whom you are filing.

\_\_\_\_\_

Did you have obtained the permission to file this complaint from the person for whom you are filing?

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 or agencies have you filed with?

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 include a copy of the lawsuit with this Complaint Form.

**Section IV**

Name of the Port of Seattle facility where the incident occurred:

Bell Harbor Marina \_\_\_\_\_

Duwamish River Community Hub \_\_\_\_\_

Fishermen's Terminal \_\_\_\_\_

Harbor Island Marina \_\_\_\_\_

Pier 69 \_\_\_\_\_

Salmon Bay Marina \_\_\_\_\_

SeaTac Office Center \_\_\_\_\_

Seattle-Tacoma International Airport (SEA) \_\_\_\_\_

Shilshole Bay Marina \_\_\_\_\_

Terminal 91 \_\_\_\_\_

Other \_\_\_\_\_

Name of airport employee(s), contractor(s), concessionaire(s), lessee(s), or tenant(s) of the Port of Seattle, Seattle-Tacoma International Airport, or Port of Seattle facilities that the complaint is against:

\_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_



**In a separate document or 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**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please note that 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) 787-4156 or sending an email to [TitleSixCoordinator@PortSeattle.org](mailto:TitleSixCoordinator@PortSeattle.org).***

***Please mail your completed form to: Port of Seattle, Office of Equity, Diversity, and Inclusion, Title VI Coordinator, P.O. Box 1209, Seattle, WA 98111, or email your completed form to [TitleSixCoordinator@PortSeattle.org](mailto:TitleSixCoordinator@PortSeattle.org).***