



Port of Vancouver USA

NONDISCRIMINATION PROGRAM COMPLAINT FORM

The following information is needed to assist in processing your complaint. Please submit form and any additional information to:

Port of Vancouver Civil Rights/Title VI Program
ATTN: Nicole Lutton, Title VI Coordinator, 3103 NW Lower River Road, Vancouver, WA 98660
Phone: 360-693-3611 Email: info@portvanusa.com

For a copy of the full Title VI plan or Notice to the Public, visit <https://www.portvanusa.com/civil-rights/>

Complainant's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

If applicable, name of person(s) who allegedly discriminated against you:

Name: _____

Location of person(s), if known: _____

Date of alleged incident: _____

Which of the following best describes the reason you believe the discrimination took place?

- | | |
|--|---|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Creed/Religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sex (includes harassment) | <input type="checkbox"/> Sexual Orientation |

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (Please provide all information you believe is relevant to the investigation. If additional space is needed, add a sheet of paper.) _____

If possible, how can this / these issue(s) be resolved to your satisfaction? _____

List names and contact information of persons who may have knowledge of the alleged discrimination. _____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal Agency Federal Court State Agency State Court Local Agency

Please provide contact information for the agency or court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Extension: _____

Signature: _____ Date: _____ Number of Attachments: _____