



# 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: Jennifer Brower, Title VI Coordinator, 3103 NW Lower River Road, Vancouver, WA 98660  
Phone: 360-693-3611 Email: [info@portvanusa.com](mailto: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: \_\_\_\_\_