



Title VI and ADA Complaint Form

If you need assistance with this form, or require translation or other assistance services, please contact the Title VI & ADA Complaint Coordinator at TitleVI@portofcoosbay.com

Section 1

Complainant Name:		Date:
Address (Street, City, State, Zip):		
Telephone Number:	Email Address:	Preferred Method of Contact:

Section 2

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
*If yes, go to Section 3. If no, please provide the name and relationship of the person for whom you are filing this complaint.		
Name:	Relationship:	
Please explain why you have filed this complaint on behalf of 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 3

I believe the discrimination 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:
Explain what happened and why you believe you were discriminated against. Describe the incident(s) and 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 or attach additional pages as needed.	
What remedy are you seeking for the alleged discrimination? What steps can we take to prevent this from happening again? Please note this process will not result in the payment of punitive damages or financial compensation.	

Section 4		
Have you previously filed a Title VI or ADA complaint with the Port of Coos Bay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date and current status (if known):		
If yes, is this current complaint related to the previous complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 5		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal, State, or local court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> Local Agency: _____		
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Court: _____		
Please provide contact information about the agency/court where this complaint was filed. Attach additional pages if needed to provide contact information for all agencies/courts.		
Contact Name:	Title:	
Agency Name:	Telephone Number:	
Address (Street, City, State, Zip):		
Case Number(s) and Current Status(es) (if known):		
Section 6		
Name of Organization Complaint is Against:	Telephone Number:	
Contact Name:	Title:	
Section 7		
By signature below, I affirm that all of the information provided in this complaint is true and complete to the best of my knowledge.		
Signature:	Date:	
You may attach any additional materials or other information that you think is relevant to your complaint. Additional material <input type="checkbox"/> is, or <input type="checkbox"/> is not, attached.		

All complaints will be investigated and you may be contacted for further information. Please ensure that you have completed this form with as much information as possible and that you have provided up to date contact information. Completed forms may be submitted in person at the address below, or mailed to:

Oregon International Port of Coos Bay
 Attn: Title VI & ADA Coordinator
 125 W. Central Ave, Suite 300
 Coos Bay, OR 97420

You may also email your completed form to: TitleVI@portofcoosbay.com, or submit your complaint via our website at www.portofcoosbay.com/title-vi. If you have any questions or need further information, please contact our office at 541-267-7678.