



## Title VI and ADA Discrimination Complaint Procedures

### Introduction

The Port of Port Angeles (Port) has established this ‘Complaint of Discrimination’ Procedure as a mechanism for the review and resolution of allegations of discrimination. **These procedures apply to complaints filed under Title VI of the Civil Rights Act of 1964 and The Americans with Disabilities Act (ADA)** which prohibit discrimination based on race, color, national origin, and disability in any program or activity administered by the Port, its sub-recipients, consultants and/or contractors. Retaliation or intimidation of any kind is also prohibited by law.

These procedures do not negate or limit the right of the complainant to file formal complaints with other state or federal agencies. These procedures are part of an administrative process that does not provide for remedies such as compensatory damages for the complainant.

### Complaint Basis

Allegations must be based on issues involving race, color, national origin, or disability. The term basis refers to the complainant’s protected group status. A Protected Group is a group of people with common characteristics who are legally protected from discrimination based on that or those characteristic(s).

Protected Group categories and definitions relevant to this procedure:

<b>Category</b>	<b>Definition</b>	<b>Example</b>
Race	The perception based on physical characteristics that a person is a member of a racial group.	Black, White, Native American/Indian.
Color	The color and/or shade of skin within a racial group.	Black, white, dark or light brown, etc.
National Origin	A group of people who share a common language, culture, ancestry and/or other social characteristics. Includes discrimination based on heritage or country of original citizenship. Also includes discrimination based on language or accent.	Cuban, Vietnamese, Mexican.
Disability	A disability is an impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.	An individual with a visual impairment, or who uses a mobility device like a wheelchair.

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### Complaint Process

Any individual or group of individuals who believe that he/she or they have been subjected to discrimination prohibited by Title VI and ADA nondiscrimination procedures based on race, color or national origin (including Limited English Proficiency) or disability may file a written complaint to Braedi Joutsen, HR Administrator (braedij@portofpa.com). A formal complaint must be filed within **180 calendar days** of the alleged occurrence or when the alleged discrimination became known to the complainant.

The complaint must meet the following requirements:

- Be made in writing or submitted electronically to Braedi Joutsen, HR Administrator, braedij@portofpa.com;
- Be submitted on the 'Title VI and ADA Discrimination Complaint Form' and signed by the complainant(s);
- Include the full name and address(es) of the complainant(s);
- Include the date(s) of the alleged act(s) of discrimination;
- Include the full name(s), job title(s), and work address(es) of the accused party(ies), if known;
- Include a detailed description of the alleged act(s) of discrimination (specify all issues and circumstances of the alleged discrimination);
- Identify the basis of the complaint (i.e. race, color, national origin, LEP, disability); and
- Include the name(s), address(es), and telephone number(s) of any person who may have knowledge of the alleged incident.

For complaints to be accepted, they **must be filed within 180 calendar days** of the alleged act of discrimination; meet the above procedures for filing; and allegations must be based on issues pertaining to race, color or national origin (including limited English Proficiency).

A complaint may be dismissed if the complainant requests the withdrawal of the complaint; the complainant does not respond to requests for information on or before the date indicated in the request; or the complaint is not timely filed.

In cases where a complainant cannot provide a written complaint, assistance will be provided by the Port. The Port will help the complainant connect with free accessibility and language services provided by the Department of Social and Health Services (DSHS). However, all complaints must be signed by the complainant or its legal designee.

A signature provided by a legal designee must be accompanied by written permission from the complainant.

### Complaint Investigation

Following the receipt and review of the complaint, the Port or a designee will issue a letter acknowledging receipt of the complaint.

1. The accused party(ies) will be notified that a complaint has been filed against him/her/them within 30 days of accepting the complaint. When applicable, the accused party(ies) is/are advised of his/her/their right to representation by the union or any other appropriate representative of his/her/their choice.

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2. Barring extenuating circumstances outside of the investigators control, the investigator will conduct a fact-finding investigation and provide a resolution, if one is possible, within ninety (90) business days of receipt of the complaint and notify all involved parties in writing whether there was a violation of Title VI. This will include notification to the complainant of his/her/their right to appeal the results to the Port.
3. All investigation findings will be reported to the parties involved in the investigation (accused and complainant) or his/her/their designee.
4. Should the complainant elect to appeal the decision, he/she/they must do so in writing to the Port's HR Administrator within ten (10) business days after receipt of the complaint resolution proposed by the Port or investigator designee. Failure to appeal within this period shall be interpreted as acceptance of this resolution.
5. The Port, including Legal Counsel, or his/her/their designee will review the case to determine what, if any additional information is needed. If additional information is required from the appellant, he/she will be provided reasonable advance notice of a meeting and will be advised of his/her/their right to present relevant information at that time.
6. The Port and its Legal Counsel or his/her/their designee will render a written decision regarding the appeal, no later than thirty (30) business days from the date of the filing of the appeal which will be sent to the appellant. Should this decision differ from the findings of the investigation, it will also be sent to all parties involved and the Port. **The decision of the Port and its Legal Counsel or his/her/their designee is final.** However, it does not preclude the complainant from pursuing other means of resolution under federal and/or state law.
7. All records of complaints and dispositions thereof shall be maintained and regularly reviewed by the Port HR Administrator who will pay particular attention to the detection of any patterns in the nature of the complaints. All such records shall be retained on a strictly confidential basis, except where disclosure is required by law

**TITLE VI & ADA COMPLAINT FORM**

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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 explain why you have filed for 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.			Yes	No
<b>Section III:</b>				
I believe the discrimination I 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 (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe 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.				

<b>Section IV</b>		
Have you previously filed a Title VI or ADA complaint with this agency?	Yes	No
<b>Section V</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please submit this form in person at the address below, or mail this form to:

Port of Port Angeles HR Administrator  
 338 W. First St.  
 Port Angeles, WA 98362

Forms may also be submitted electronically to:

braedij@portofpa.com