ADA/TITLE VI COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint under the Americans With Disabilities Act (ADA), The Rehabilitation Act or Title VI of the Civil Rights Act of 1964 (Title VI). The ADA and the Rehabilitation Act prohibit discrimination based on disability. Title VI prohibits discrimination based on race, color or national origin. Other laws prohibit discrimination based on sex, age, sexual orientation, gender identity, religion and source of income.

You may file a complaint against the City, a City Contractor, or a City subrecipient of federal funds. All complaints must be filed within 180 days of the occurence of the alleged act or a waiver requested as indicated below.

Send All Complaints To:
ADA/Title VI Program Manager
1120 SW 5th Avenue, Room 1204
Portland, OR 97204
Title6complaints@portlandoregon.gov

This is an administrative process that does not provide for compensatory or punitive damages.

The City's process is not exclusive. A person filing a complaint with the City may also file a complaint with other state or federal agencies or the courts. Other agencies will have time limits for filing complaints. Generally, federal agencies require Title VI complaints to be filed within 180 days of the date of the discrimination.

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1. Complainant's Name and Address.

Name:

Address:

City: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

Today's Date:

2. Person(s) Discriminated Against, if Different from Above.

Name:

Address:

City: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

3. City Bureau, Contractor, or Subrecipient that Discriminated.

Name:

Address:

City: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

4. Indicate the Reasons You Believe the Discriminatory Action(s) Occurred.

☐ Race/Color ☐ National Origin ☐ Disability ☐ Other

5. When and Where did the Incident Occur?

6. Please explain as clearly as possible what occurred, who was involved, why you believe it occurred, and how you (or another) were discriminated against. (Please use additional sheets of paper, if necessary, and attach a copy of any written materials pertinent to your claim.)

7. Sign and Date the Complaint (We Cannot Accept Unsigned Complaints).

Print Name

Signature

If you are unable to sign, please type or have another acknowledge for you.

Name of Person Acknowledging on Behalf of Complainant.