



City of Portland Civil Rights Title VI and ADA Title II Complaint Form

Thank you for filling out this Civil Rights Title VI and/or ADA Title II Complaint form.

The City of Portland operates to assure that no person shall on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987, or on the grounds of disability as provided by Title II of the Americans with Disabilities Act (ADA) of 1990, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any City program, service, or activity.

The purpose of this form is to assist you in filing a complaint under Title II of the ADA or Title VI of the Civil Rights Act. This form provides us with information we can use to help us serve you. The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternative formats, please let us know.

You may file a complaint against the City, a City contractor, or a City sub-recipient of federal funds. All complaints must be filed within 180 days of the occurrence of the alleged act or a waiver requested as indicated below.

Send All Complaints To:

Civil Rights Title VI and ADA Title II Program Manager
421 SW 6th Avenue, Suite 500
Portland, OR 97206
Title6complaints@portlandoregon.gov

Limitations:

The City operates in accordance with other laws that prohibit discrimination in, but not limited to, employment and public accommodation, as well as in accordance with laws that prohibit discrimination based on sex, age, sexual orientation, gender identity, religion and source of income. This form and the Civil Rights Title VI and ADA Title II Program does not oversee complaints in those areas, only City of Portland public programs, services, and activities. The City of Portland only has jurisdiction for City of Portland actions, programs, services, and activities and those of our sub-recipients.

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.

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 sub-recipient 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. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory. Please use additional sheets of paper, if necessary, and attach a copy of any written materials, information, data, or documents pertinent to your claim.

7. Are you aware of other individuals, groups, organizations, or communities that may have been subjected to the alleged discriminatory actions and/or treatment? If so, please list them.

8. What type of corrective action or resolution would you like to see taken?

9. Have you tried to resolve the issue through a grievance process or some other method?

Yes

No

10. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

Yes

No

11. If yes, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

12. 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: