

## 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.				

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<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 or by mail to:

Susana Figueroa Liggett,  
 Equal Opportunity Manager/ Title VI Coordinator  
 Puerto Rico Ports Authority  
 P.O. Box 362829, San Juan, PR 00936-2829  
 Telephone: (787) 729-8715 Ext. 2292 (787) 367-54831  
 Email: [titlevi@prpa.pr.gov](mailto:titlevi@prpa.pr.gov)