PLAQUEMINES PORT, HARBOR & TERMINAL DISTRICT dba LOUISIANA GATEWAY PORT
TITLE VI / ADA DISCRIMINATION COMPLAINT FORM

Language assistance is available at no cost. If you need help completing this form, or need it in another format, please contact info@gatewayport.com. Retaliation for filing a complaint is strictly prohibited.

Name	
Address	
Telephone	
Email Address	

As a complainant, I understand that I am protected by Title VI of the Civil Rights Act of 1964, as amended (Title VI), the Americans with Disabilities Act of 1990 (ADA), and any applicable statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination compliance policies enforced by Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port. In addition, I understand that in the course of a Title VI or ADA investigation it may become necessary for Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port to reveal my identity and certain details collected as part of the complaint investigation to various agencies or individuals.

Consent to Release Personal Information

☐ YES, PLAQUEMINES PORT HARBOR AND TERMINAL DISTRICT, DBA LOUISIANA GATEWAY PORT MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT.

I have read and understand the above information and authorize Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port to receive, review and discuss materials and information about me relevant to the investigation of my complaint.

I understand that I am not required to authorize this release and volunteer to do so.

_____ _____

Signature Date

☐ NO, PLAQUEMINES PORT HARBOR AND TERMINAL DISTRICT, DBA LOUISIANA GATEWAY PORT MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT.

_____ _____

Signature Date

Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port is committed to providing non-discriminatory service and ensuring that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin (as protected by Title VI of the Civil Rights Act of 1964 (Title VI)) or any other category protected by federal, state, or City law. If you believe that you have been discriminated against, please complete, sign and date both this Title VI/Discrimination Complaint Form and the Consent/Release Form and return both via mail or email as noted below. Should you or someone you know require assistance in filling out this form or would like additional information about Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port nondiscrimination policies, please contact us by email at info@gatewayport.com.

Once completed, return a signed and dated copy of this Title VI/Discrimination Complaint Form along with the Consent/Release Form to:

By mail:	**By email:**
ADA Compliance Officer Plaquemines Port Harbor and Terminal District Harrolynn Sherman Human Resources Manager 8056 Highway 23, 3rd Floor Belle Chasse, Louisiana 70037	**info@gatewayport.com**

To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

In addition to your right to file a complaint with Plaquemines Port Harbor and Terminal District, dba Louisiana Gateway Port, you have the right to file a Title VI complaint with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

SECTION 1:

Name:	
Address:	
Telephone:	
Email Address:	
Accessible Format Requirements?	☐ Large Print ☐ Scribe/Recording ☐ TDD ☐ Translator (Specify Language): _____ ☐ Other (Please Describe): _____
Preferred Method of Contact:	☐ Email ☐ Phone ☐ Mail

SECTION 2:

Are you filing this complaint on your own behalf?	☐ Yes* ☐ No
	*** If you answered "yes" to this question, go to Section 3.**
	If you answered "no" to this question: **Please supply the name and relationship of the person for whom you are complaining:** Name: _____ Relationship: _____ **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

SECTION 3:

I believe the discrimination I experienced was based on (check all that apply):

☐ Race ☐ Color ☐ National Origin
☐ Other (please specify): _____

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.

SECTION 4:

Have you previously filed a Title VI or discrimination complaint with Plaquemines Port Harbor and Terminal District?	☐ Yes	☐ No

SECTION 5:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes* ☐ No

*** If yes, check all that apply:**

☐ Federal Agency: _____

☐ Federal Court: _____ ☐ State Agency: _____

☐ State Court: _____ ☐ Local Agency: _____

Please provide information about a contact person at the agency / court where the complaint was filed.

Name: _____

Title: _____

Agency / Court: _____

Telephone: _____

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

AFFIRMATION:

I hereby affirm that the information that I have provided in this Title VI/discrimination complaint form is true and correct to the best of my knowledge.

Complainant Signature	Date