## Instructions

Any person who believes he or she has been subjected to discrimination on the basis of race, creed, color, gender, or national origin, including limited English proficiency, in any program or activity administered by Port Houston has the right to file a complaint with Port Houston. Complaints must be filed within one hundred eighty (180) days following the date of the alleged discriminatory occurrence. If a complaint is initially made by phone, it must be supplemented with this Complaint Form within 180 days after the discriminatory event. This is not intended to deny or limit the right of a complainant to file a complaint with an outside agency or to seek private legal counsel regarding discrimination.

Such written complaints may be submitted by any of the following methods:

1. **Mailing or emailing Port Houston’s Title VI Coordinator:**

**Carlecia Wright**
Chief People Officer
111 East Loop North
Houston, Texas 77029
713.670.2436
cwright@porthouston.com

1. E-mailing communityrelations@porthouston.com
2. Following the instructions contained in Port Houston’s Misconduct Reporting Policy, available at <https://porthouston.com/wp-content/uploads/2022/11/Misconduct_Reporting_Policy_June_2014_FINAL.pdf>.
3. Using the online portal at <https://secure.ethicspoint.com/domain/media/en/gui/65635/index.html>.

For questions or a full copy of Port Houston’s Title VI policy and complaint procedures, call 713.670.2436, visit www.porthouston.com or email cwright@porthouston.com.

Please fill in your information on the following page.

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| --- | --- |
| Name: | Home address (street no., city, state, zip): |
| Email Address: | Phone #: |
| Are you filing the complaint on your own behalf? ❑ Yes ❑ No

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| If you answered “NO”, provide the name and relationship of the person submitting this for you. |
| Name: | Relationship: |
| Please explain the reason you are completing this form for this complainant: |
| Have you received permission from the complainant to submit on his/her behalf? |

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| If applicable, name(s) and position(s) of person(s) who allegedly discriminated against you or complainant: |
| Location of incident(s), if known: | Date(s) of incident(s): |
| Discrimination because of (check as many as apply):❑Age ❑Color ❑Creed ❑Language Proficiency ❑National Origin ❑Race ❑Religion ❑Sex ❑Gender ❑Other (List)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How were you or complainant discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you or complainant. (Attach additional pages, if necessary). |
| The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have or anyone else has been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you believe was the cause for the alleged retaliation. |
| Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. |
| Please list below any person(s) we may contact for additional information to support or clarify your complaint (such as witnesses):

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| --- | --- | --- |
| Name: | Address: | Phone Number: |
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| What is the most convenient time for us to contact you about this complaint? |
| Have you discussed the complaint with any Port Houston representative? If yes, provide the name, position, and date of discussion. |
| Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? □ Yes □ NoIf yes, check all that apply:□ Federal agency □ Federal Court □ State court□ Local agency □ State agencyIf filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

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| Agency/Court: | Contact’s Name: | Address: | Phone number: |
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| I affirm that I have read the above claim and it is true to the best of my knowledge.  |
| Signature (Complainant):  | Date of filing: |
| Received by: | Date Received: | Department: |