

PORTLAND BUREAU OF TRANSPORTATION - DISCRIMINATION COMPLAINT FORM

It is the policy of the City of Portland to prevent discrimination based on race, color, national origin, sex, disability, age, religion, marital status, familial status, sexual orientation, gender identity, source of income, and other such protected classes. This adheres to policy under federal [Civil Rights Title VI](#) and [Americans with Disabilities Act \(ADA\) Title II](#), as well as [Oregon Revised Statute 659A.403](#) (Discrimination in place of public accommodation prohibited), and [Portland City Code Title 23](#) (Civil Rights).

Such discrimination poses a threat to the health, safety, and general welfare of Portland community members and is against our values as a city and a bureau. By law, these policies extend to the Portland Bureau of Transportation (PBOT), its staff, as well as PBOT contractors, and other recipients of federal funds.

Any individual, group, or organization who believes they have been discriminated against or denied benefits of any PBOT program, service, or activity, may file a report with PBOT. If you are unable to email this electronic form or wish not to send it electronically, please call city/county referral at 3-1-1 (locally) or at 503-823-4000 (out of area) for assistance. If you have questions about the process, contact PBOT's Equity & Inclusion Manager at 503-823-8094.

We'll need some basic information from you along with the nature of your complaint. This allows us to follow up with you, document and process your complaint, and help determine what federal, state, and/or city discrimination policies your complaint falls under. You are not required to use the form below; a letter with the same information is sufficient.

Information you provide here is considered a public record and may be subject to release under [Oregon's Public Records Law](#). This law classifies certain information as available to the public, on request. See Portland's [privacy policy](#) for more information. It is PBOT's policy to keep the information you provide on this form (or alternative formats) confidential to the greatest extent possible, subject to Oregon Public Records Law. Please indicate on Question 1 whether you would like to keep this complaint confidential (default) or waive your confidentiality.

The City of Portland ensures meaningful access to city programs, services, and activities to comply with Civil Rights Title VI and ADA Title II laws and reasonably provides: translation, interpretation, modifications, accommodations, alternative formats, auxiliary aids and services. To request these services, contact 503-823-5185, City TTY 503-823-6868, Relay Service: 711.

PLEASE COMPLETE THE FORM BELOW TO SUBMIT YOUR COMPLAINT ELECTRONICALLY

1. ***Confidentiality Waiver**

**Required Field*

Your information will be kept confidential unless you check the box certifying you would like to waive confidentiality.

I do not waive confidentiality, keep this complaint private (default)

I waive confidentiality

2. ***Contact information for person filing the complaint.** This may be a third party. Please provide a name, phone number, and email so we may document this complaint and follow up with you.

Name:

Address:

Personal phone:

Work phone:

Email:

3. Person (s) and/or Parties discriminated against (if other than or in addition to the complainant). List all names of individuals, groups, communities, and/or organizations you allege were discriminated against.

4. *Are you filing this complaint on your own behalf? Yes No

If you answered 'No' above, did you obtain their permission to file on their behalf? Yes No

If you answered "No" above, what is your relationship to the person for whom you are making this request or complaint?

Please explain why you have filed for a third party:

5. *Type of discrimination (check all that apply)

- | | | |
|---------------------|-----------------|-------------------------------|
| Race/color | Non religion | Sexual orientation |
| National origin | Sex | Gender identity or expression |
| English proficiency | Marital status | Source of income |
| Disability | Familial status | Other (please describe) |
| Religion | Age | |

6. *Who did the discriminating? To the best of your knowledge, please let us know who did the alleged discrimination. This may be the name of the city bureau or office, a department, a program, a project, an activity, contractor, or individual staff, or other recipient of federal funds who did the alleged discrimination:

7. ***When did the discrimination occur?** Provide as much detail as you can on dates and times.
8. ***Where did the discrimination occur?** Please provide an approximate address, if applicable, or tell us if the alleged discrimination was not in person but in some other form or communication such as an email, text, or phone call.
9. ***What happened?** Please describe the alleged discrimination as clearly as possible, in your own words. Take as much space as you need.
10. **Witnesses.** If there were any additional witnesses, please provide their name and contact information.

11. Desired outcome. Describe any action or resolution you would like to see taken.

12. *Have you filed a complaint with any other federal, state, or local agencies, or within any federal or state court. Yes No

If yes, list those agencies below, with contact information, if you have it:

13. *Sign and date the complaint.

Date:

Print or Type Name of Complainant:

By signing and submitting this form, you affirm that the information provided, and all supplemental materials, are true to the best of your knowledge.

PLEASE EMAIL YOUR COMPLETED FORM AND ANY ADDITIONAL MATERIAL RELEVANT TO YOUR COMPLAINT TO:

Portland Bureau of Transportation
Attn: PBOT Equity & Inclusion Manager
1120 SW Fifth Avenue, Suite 1331
Portland, OR 97204
503-823-8094 | pbotequityteam@portlandoregon.gov

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