



Virgin Islands Port Authority

Gateways to the USVI's Economy

VIRGIN ISLANDS PORT AUTHORITY TITLE VI COMPLAINT FORM

Name of Complainant: _____ Sex: _____ Race /Ethnic Group: _____

Mailing Address: _____

City: _____ Zip: _____

Home Telephone: _____	Cell Phone: _____	Work Telephone: _____
Email Address: _____	Accessible Format	
Preferred: _____	<input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other	

SECTION II

Are you filling this complaint on your own behalf? Yes No [If you answered "yes" to this question, go to Section IV.]

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: Yes No

SECTION III

What was the reason you believe you were discriminated against? Race Color National Origin

Date of Alleged Discrimination: (Month, Day, Year)

What is the name and address of the institution, agency or person that you believe discriminated against you?: Name: _____

Mailing Address: _____

City: _____ Zip: _____ Phone #: _____

Describe how you were discriminated against. What happened and who was responsible? Please be as specific as possible. Attach additional page (s) if necessary

Please List Name of persons, witnesses, fellow employees, supervisors, or others whom we may contact for additional information, support or clarification of your complaint:

1. Name: _____ Phone No: _____

2. Name: _____ Phone No: _____

3. Name: _____ Phone No: _____



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What type of corrective action would you like to see taken?

SECTION IV

Did you file this complaint with another Federal or local agency; or with a Federal or local court? Yes No

If answer is yes, check each agency complaint was filed:

Federal Agency Federal Court Local Court Local Agency

Date filed

Please provide contact person information for the agency or court where the complaint was filed:

Name:

Telephone:

Address:

City:

Zip:

Please sign and date this complaint form below. Attach any supporting document(s) you think is relevant to your complaint.

Signature: _____

Date:

This form can be submitted in person, mail, or email

to:

Daphne Durand Mayers
Legal & Programs Management Officer
8074 Lindbergh Bay
St. Thomas, VI 00802
Phone: 340.714.6402
Email: dmayers@viport.com