



**United States Department of Transportation
Maritime Administration
Office of Civil Rights**

DISCRIMINATION COMPLAINT INTAKE FORM

If you believe you have been discriminated against by a recipient of Federal Financial Assistance, you may file an administrative complaint with MARAD's Office of Civil Rights (MARAD OCR). Please complete this form, including your signature and date on page 7.

You do not have to use this form to file a complaint with MARAD OCR. You may send MARAD OCR a letter or email instead of this form, but the letter or email must include the information requested in items 1-7 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

Before completing this form, please review the information found on MARAD OCR's web page as well as [US DOT's procedures for processing discrimination complaints](#). If you have questions about civil rights or how to file a complaint, you may contact MARAD OCR at civilrights.marad@dot.gov. The completed complaint form should be emailed to civilrights.marad@dot.gov with "MARAD complaint form" included in the subject line.

Alternatively, completed complaint forms may be mailed to:

**US Department of Transportation
Maritime Administration
Office of Civil Rights
West Building, 2nd Floor MAR-130
1200 New Jersey Avenue,
SE Washington, DC 20590**

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Discrimination Intake Complaint Form

1. Name of person filing this complaint:

Full Name:

Street Address:

City:

State:

Zip Code:

Primary number:

Alternate number:

Email Address:

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent, guardian, or other authorized legal representative is required.

Full Name:

Street Address:

City:

State:

Zip Code:

Primary number:

Alternate number:

Email Address:

3. MARAD OCR investigates discrimination complaints against recipients of federal funds or other forms of financial assistance from the U.S. Department of Transportation. This includes, but is not limited to, Ports, Small Shipyards, and State Maritime Academies. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of MARAD Recipient:

Address:

City:

State:

Zip Code:

4. MARAD OCR investigates complaints under Federal regulations that prohibit discrimination on the basis of race, color, national origin, sex, disability, or age. The regulations also ban retaliation against persons who assert the right to be free from discrimination. Please note the following:
- Discrimination based on race, color, and national origin includes failure to provide meaningful access to English language learners and limited English proficient parents and guardians, as well as discrimination based on shared ancestry or ethnic characteristics or based on citizenship in a country with a dominant religion.
 - Discrimination based on sex includes discrimination based on sex stereotypes, pregnancy or related conditions, sexual orientation, and gender identity, as well as rules about parental, family, or marital status that treat people differently based on sex.
 - Discrimination based on disability includes discrimination against individuals who have a physical or mental impairment that substantially limits a major life activity, as well as individuals who have a record of or are regarded as having a disability.
 - Retaliation refers to any efforts to intimidate, threaten, coerce, or discriminate against an individual for filing a complaint or participating in an MARAD OCR investigation

Please tell us why you are filing this complaint:

I believe that I have been (or someone else has been) discriminated against on the basis of:
(Select all that apply)

Race/Color/National Origin

Disability

Sex (including sexual orientation and gender identity)

Age

Retaliation

Other. Please specify below:

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5. I believe that the MARAD recipient has failed to comply with the following programmatic requirements: (Select all that apply)

Americans with Disabilities Act (ADA)

Title VI of the Civil Rights Act of 1964 (Title VI)

Title IX of the Education Amendments of 1972

Other (please specify below):

6. Clearly explain what happened and why you believe you were discriminated against. Include specific details such as names, dates, times, locations, and any other relevant information that would assist us in understanding and investigating your allegations.

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7. Please attach any documentation that is relevant to this complaint, including any related correspondence from the MARAD recipient.

8. What is the most **recent date** you believe were discriminated against?

Date:

Local Resolution Process:

MARAD encourages members of the public to file complaints with MARAD recipients at the local level to give them an opportunity to resolve the issue. The ADA, Title VI, and Title IX all require MARAD recipients to have a process for promptly investigating and responding to civil rights complaints.

10. Have you filed this current complaint with the local MARAD recipient? This might include your local port, small shipyard, state maritime academy, or another organization or agency that receives MARAD funds.

YES NO

11. Tell us the date you filed this complaint with the local recipient:
12. Tell us how you filed the complaint and to whom the complaint was directed to:

Describe the response you received to your complaint. Include the date of the response and attach a copy of any written response you received to your complaint.

13. Date of Response:
14. Description of Response (attach a copy if provided):

Permission to Release your Identity and Complaint:

We require your consent to disclose your name, if necessary, in the course of any investigation. We require your permission and signature to move forward with your complaint.

15. MARAD may be unable to investigate your allegations without permission to release your identity and complaint. May we release your identity and a copy of your complaint to the MARAD recipient?

Yes

No

16. I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge.

I Certify

Signature:

(Note: If you are unable to sign this form, please type in your name.)

Today's date: