



Port of Everett, WA - ADA Complaint/Grievance Form

Complainant Name:

Designee Preparing Complaint (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attached additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to: Port of Everett, Laura Gurley, ADA Coordinator, P.O. Box 538, Everett, Washington 98206, 425-388-0720, TTY 7-1-1, ADACoordinator@portofeverett.com.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Port of Everett, Emily Hammer, Executive Assistant, P.O. Box 538, Everett, WA 98206, 425-388-0625, TTY 7-1-1, emilyh@portofeverett.com.