

Port Houston

NOTICE OF SECTION 504 AND AMERICANS WITH DISABILITIES ACT (ADA) TITLE II COMPLAINT PROCEDURE

Pursuant to Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, the Port of Houston Authority of Harris County, Texas ("Port Houston") has an internal complaint procedure providing for prompt and equitable resolution of complaints for anyone who wishes to file a **non-employment complaint** alleging discrimination on the basis of disability in practices and policies, or the provisions of services, activities, programs, or benefits offered by Port Houston.

Non-employment complaints regarding disability discrimination may be filed by one of the following methods:

- Contacting the **Port Houston ADA Coordinator**, Carlecia Wright, Chief People Officer, 111 East Loop North, Houston, Texas 77029, 713.670.2436 (phone), cwright@porthouston.com (email) (the Port Houston ADA Coordinator is the person who has been designated by Port Houston to coordinate its ADA and Section 504 compliance procedures);
- E-mailing communityrelations@porthouston.com or by calling Port Houston's Community Information Line at 713.670.1000;
- Following the instructions contained in Port Houston's Misconduct Reporting Policy, [available here](#); or
- Using the online [portal here](#).

If you have an **employment complaint regarding disability discrimination**, you may forward your concern or complaint to your supervisor or manager, the Human Resources Department (available at 713-670-1005), the Legal Department (available at 713-670-2614), or another Port Houston supervisor or manager. Employment complaints may also be raised by following the instructions contained in Port Houston's Misconduct Reporting Policy, [available here](#), using the online [portal here](#); or filing a complaint with the **Civil Rights Division of the Texas Workforce Commission** and/or **Equal Employment Opportunity Commission**.

1. Complaint forms are available upon request. An oral complaint will be reduced to writing and will be provided to the complainant for signature. The complaint shall identify the full name of the person filing the complaint, the complainant's address, telephone number, and a brief description of the alleged violation.
2. Complainants are encouraged to file their written complaint as soon as practical. A complainant should file a written complaint within five (5) days of the filing of the

oral complaint. The complainant shall submit all evidence at the time the complaint is filed that is readily and reasonably available to support their concern.

3. An investigation, as may be appropriate, will follow the filing of a complaint.
4. A complainant shall receive written acknowledgement of the complaint from Port Houston and final notice of the complaint's resolution.
5. If a complainant is dissatisfied with the resolution of their complaint, they may request reconsideration of the complaint. The request for reconsideration should be submitted in writing within (7) calendar days of the original determination to the Port Houston ADA Coordinator.
6. **This complaint procedure does not invalidate or limit the remedies, rights, or procedures of any other applicable federal or state law.**

THIS NOTICE IS AVAILABLE FROM THE PORT HOUSTON ADA COORDINATOR IN ACCESSIBLE FORMATS UPON REQUEST.

SECTION 504 AND AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

Please type or print in black or blue ink all information and return completed form to:

Port Houston ADA Coordinator,
Carlecia Wright,
Chief People Officer
111 East Loop North, Houston, Texas 77029,
713.670.2436 (phone)
cwright@porthouston.com (email)

Date: _____

Name of Complainant: _____

Complainant's Address: _____

Telephone Number: _____ Fax: _____ E-mail: _____

DISABILITY STATEMENT

I affirm that (1) I am a person with a disability or a representative of a person with the disability and (2) this complaint relates to a Port Houston service, activity, program, benefit, practice, or policy.

DESCRIPTION OF COMPLAINT

Provide the date(s) the incident occurred: _____

Which Port Houston department, if any, is alleged by you to have discriminated?

Department: _____

Address: _____

Telephone: _____

Identify the names of all Port Houston agents, representatives or employees, if any, whom you contend were involved. (Use additional paper if necessary.)