

Title VI Complaint Form

(Rev. 04/20)
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Please submit completed form to:

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Please indicate the basis of your complaint:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Other Class _____ |

Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of individuals responsible for the discriminatory action(s):

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint (*attach additional pages, if necessary*):

| | Name | Address | Telephone |
|----|-------|---------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following?

If yes, please provide the filing dates. Check all that apply.

| | |
|---|-------------------|
| <input type="checkbox"/> U.S. Department of Transportation | Date Filed: _____ |
| <input type="checkbox"/> Federal Highway Administration | Date Filed: _____ |
| <input type="checkbox"/> Federal Transit Administration | Date Filed: _____ |
| <input type="checkbox"/> Office of Federal Contract Compliance Programs | Date Filed: _____ |
| <input type="checkbox"/> Texas Department of Transportation | Date Filed: _____ |
| <input type="checkbox"/> U.S. Equal Employment Opportunity Commission | Date Filed: _____ |
| <input type="checkbox"/> U.S. Department of Justice | Date Filed: _____ |
| <input type="checkbox"/> Other: _____ | Date Filed: _____ |

Have you discussed the complaint with any _____ (Name of Recipient) representative?

If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature

Date