Title VI Complaint Form

Please submit completed form to:

(Provide name of recipient, mailing address, fax, and/or email address for submitting complaint form.)

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:

☐ Race _____ ☐ National Origin _____

☐ Color _____ ☐ 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.

- ☐ U.S. Department of Transportation — Date Filed: _____
- ☐ Federal Highway Administration — Date Filed: _____
- ☐ Federal Transit Administration — Date Filed: _____
- ☐ Office of Federal Contract Compliance Programs — Date Filed: _____
- ☐ Texas Department of Transportation — Date Filed: _____
- ☐ U.S. Equal Employment Opportunity Commission — Date Filed: _____
- ☐ U.S. Department of Justice — Date Filed: _____
- ☐ 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