Title VI Discrimination Complaint Form

Name of Complainant:		
Telephone Number:	E-mail:	
What is the most convenient time for	us to contact you about this c	omplaint?
Basis of Discrimination		
Race	Age	Other
Color	Sex	
National Origin	Disability	
Where did the alleged discrimination	take place?	
In your own words, describe the alleg		

List any others who may have knowledge of this estate, and zip code.	vent. Please provide name, address, city,	
Have you filed this complaint with any other Feder or State Court? YesNo	al, State, or local agency: or with the Federal	
If yes, check all that apply		
U.S. Equal Employment Opportunity 0	Commission	
Federal or State Court		
Department of Fair Employment and I	Housing	
Federal Transit Administration/ U.S. D	Dept. of Transportation	
Federal Highway Administration/ U.S.	Dept. of Transportation	
If you have already filed a charge, please provide	the following information:	
Agency/Court:	Attorney Name:	
Address:	Firm Name:	
Date Filed:	Address:	
Case Number:	_ Telephone Number:	
Date of Trial Hearing:	_	
Status of case:		
Please provide any additional information that you	believe would assist in investigation:	
Cianatura of Canadainant	Date of Filling	
Signature of Complainant	Date of Filing	