

FHWA Title VI Complaint Form

Contact information of person completing this complaint:

Name _____
Address _____ City _____ Zip _____
Phone: _____
Email: _____

Basis of Complaint (circle all that apply):

Race
Color
National Origin

Who discriminated against you?

Name _____
Name of Organization _____
Address _____ City _____ Zip _____
Phone _____

How were you discriminated against? (Please provide specific details - attach additional pages if more space is needed)

Where did the discrimination occur?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name	Organization/Title	Work Telephone	Home Telephone

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____
 Status (pending, resolved, etc.) _____ Result, if known _____
 Complaint number, if known _____

Do you have an attorney in this matter?

Name _____ Phone _____
 Address _____ City _____ Zip _____

Signed: _____ Date: _____