

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF TRANSPORTATION



Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin, in any program or activity receiving Federal assistance.

If you believe that you have been subjected to discrimination prohibited by Title VI non discrimination provisions or related statutes, you may file a complaint within 180 days of the date of the alleged discrimination.

Please complete the following information, sign the form and submit to:

Attention: Title VI Program Coordinator
Office of Civil Rights
District Department of Transportation
55 M Street, S.E., Third Floor
Washington, D.C. 20009

Telephone: (202) 671-0534
Facsimile: (202) 671-0636

Complainant's Information:

Name_____

Address_____

City_____ State_____ Zip code_____

Telephone_____ Alternative Phone_____

Email_____

Race_____ Color_____ Sex_____

National Origin_____

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If you are filing on behalf of someone, please provide your contact information below:

Name _____

Address _____

City _____ State _____ Zip code _____

Telephone _____

Your relationship to the person for which this complaint has been filed (e.g. friend, attorney, parent, etc.) _____

Name of agency, institution or office you believe discriminated against you:

Respondent's Information:

Agency or Department _____

Name of Individual (if applicable) _____

Address _____

City _____ State _____ Zip code _____

Telephone _____

Basis(es) for complaint, check all that apply:

Race Color National Origin Sex Disability Age

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In your own words, describe how, why, when and by who you believe that you were subjected to discrimination. Include as much background information as possible about the alleged act(s) of discrimination. Include the names of individual, if known, whom you allege discriminated against you. Attach additional page(s), as needed.

Date(s) that incident(s) took place:

List names and contact information of persons, if known, who may have knowledge of the alleged discrimination.

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Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?

Federal agency _____

State Agency _____

Local Agency _____

Federal Court _____

Local Court _____

Please sign and date the complaint form below. The complaint will not be accepted if it has not been signed. You may attach written materials or supporting information that you think is relevant to your complaint.

Complainant Signature

Date

Attachments: Yes No

Submit Form and any additional information to:

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