Title VI and ADA Complaint Form

Mail the signed form to Texas Department of Transportation, Civil Rights Division, 125 East 11th Street, Austin, Texas 78701, fax to 512-486-5539, or email to civilrights@txdot.gov

Last Name _____ **First Name** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Alternative Phone Number:** _____

Email: _____

Please indicate the basis of your complaint:

☐ Race _____ ☐ National Origin _____

☐ Color _____ ☐ Disability _____

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 _____
- ☐ Federal Highway Administration _____
- ☐ Federal Transit Administration _____
- ☐ Office of Federal Contract Compliance Programs _____
- ☐ U.S. Equal Employment Opportunity Commission _____
- ☐ U.S. Department of Justice _____
- ☐ Other _____

Have you discussed the complaint with any TxDOT 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.

For ADA Complaints only, please provide the following information:

If applicable, please provide a description and the exact location of the non-accessible feature.

(Street Name)

(Street Name)

Please provide comments, suggestions, or other information that may assist us in providing a better service to you.

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

Complainant's Signature **Date**

Authorized Representative for the Complainant's Name

Authorized Representative for the Complainant's Signature **Date**

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case #: _____

Processed by: _____ Date Referred: _____

Referred to: ☐ USDOT ☐ FHWA ☐ FTA ☐ OFCCP ☐ Other _____