pennsylvania
DEPARTMENT OF TRANSPORTATION

Discrimination Complaint Form

Name	Phone	Name of Person(s) That Discriminated Against You
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If Known)
City, State, Zip		City, State, Zip

Discrimination Because Of:

☐ Race ☐ Color ☐ National Origin

☐ Disability ☐ Age ☐ Gender ☐ Retaliation

Date of Alleged Incident

Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also, Attach Any Written Material Pertaining To Your Case.

Signature	Date

Please submit this form to one of the following agencies:

Pennsylvania Department of Transportation	Federal Highway Administration	Federal Transit Administration	U.S. Department of Justice
Bureau of Equal Opportunity P.O. Box 3251 Harrisburg, PA 17105-3251 Phone: (800) 468-4201 Email: penndoteoreports@pa.gov	*U.S. Department of Transportation* Pennsylvania Division Office 228 Walnut Street, Room 508 Harrisburg, PA 17101-1720 (717) 221-3705	*Office of Civil Rights* *U.S. Department of Transportation* ATTN: Title VI Program Coordinator East Building, 5th Floor - TCR 1200 New Jersey Ave., SE Washington, DC 20590	*Office of Justice Programs* Office for Civil Rights 810 7th Street, NW Washington, DC 20531 (202) 307-0690 202-307-2027 (TDD)