

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 <input type="checkbox"/> Race* <input type="checkbox"/> Color* <input type="checkbox"/> National Origin* <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> 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:

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Pennsylvania Department of Transportation <i>Bureau of Equal Opportunity</i></p> <p>P.O. Box 3251 Harrisburg, PA 17105-3251 Phone: (800) 468-4201 Email: penndoteoreports@pa.gov</p> | <p>Federal Highway Administration <i>U.S. Department of Transportation</i></p> <p>Pennsylvania Division Office 228 Walnut Street, Room 508 Harrisburg, PA 17101-1720 (717) 221-3705</p> | <p>Federal Motor Carrier Safety Administration</p> <p>Office of Civil Rights 1200 New Jersey Avenue SE Washington, DC 20590</p> <p style="text-align: center;">800.832.5660</p> | <p>Federal Transit Administration</p> <p style="text-align: center;"><i>Office of Civil Rights</i></p> <p>East Building, 5th Floor - TCR 1200 New Jersey Ave., SE Washington, DC 20590</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

* indicates is specific to Title VI of the Civil Rights Act of 1964