

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: <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:

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