

Complaint of Discrimination

Complainant Information:

Name:		Telephone Number		
		W:	H:	
Address:	City:	State:	Zip Code:	

Are you an employee of the Department of Transportation? **Yes** **No**
If yes, at which Administration are you employed?
 TSO MVA MAA MDTA MPA SHA MTA

What is your current job classification? _____

Which Administration and office do you believe discriminated against you?

<input type="checkbox"/> TSO Office: _____	<input type="checkbox"/> MVA Office: _____
<input type="checkbox"/> MAA Office: _____	<input type="checkbox"/> MDTA Office: _____
<input type="checkbox"/> MPA Office: _____	<input type="checkbox"/> SHA Office: _____
<input type="checkbox"/> MTA Office: _____	

Name, title and address of person you believe discriminated against you:

Name:	Title:	Telephone Number:	
		W:	
Address:	City:	State:	Zip Code:

When was the last alleged discriminatory act? (Month, Day and Year)

The alleged discrimination was based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Military Status
<input type="checkbox"/> Color	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religious Affiliation
<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	<input type="checkbox"/> Political Affiliation or Opinion
<input type="checkbox"/> Gender	<input type="checkbox"/> Physical or Mental Disability	<input type="checkbox"/> Other:

The issue(s) involved was:

<input type="checkbox"/> Hiring	<input type="checkbox"/> Reasonable Accommodation	<input type="checkbox"/> Transfer
<input type="checkbox"/> Wages	<input type="checkbox"/> Termination	<input type="checkbox"/> Other:
<input type="checkbox"/> Promotion	<input type="checkbox"/> Layoff	

Describe the alleged act(s) of discrimination. (Use additional pages if necessary.)

What corrective action do you want taken on your behalf?

Have you filed a complaint alleging the same discrimination with another state or federal agency?
 Yes **No**

If yes, with what agency?

SIGNATURE

DATE

White Copy – EO Officer

Canary Copy – TSO EO Office

Pink Copy - Complainant