



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"/> Political Affiliation or Opinion
<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"/> Other: _____
<input type="checkbox"/> Gender	<input type="checkbox"/> Physical or Mental Disability	_____

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