

## Complaint of Discrimination

### Complainant Information

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

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  MDOT MVA  MDOT MAA  MdTA  MDOT MPA  MDOT SHA  MDOT MTA

**What is your current job classification?**

**Which Administration and office do you believe discriminated against you?**

TSO Office:  MDOT MVA Office:  
 MDOT MAA Office:  MDTA Office:  
 MDOT MPA Office:  MDOT SHA Office:  
 MDOT MTA Office:

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**The alleged discrimination was based on:**

Race  Marital Status  Political Affiliation or Opinion  
 Color  Sexual Orientation  Religious Affiliation  
 Age  National Origin  Other:  
 Gender  Physical or Mental Disability

**The issue(s) involved was:**

Hiring  Reasonable Accommodation  Transfer  
 Wages  Termination  Other:  
 Promotion  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**