



Title VI Discrimination Complaint Form

Mail completed and signed form:

Title VI Coordinator, Office of Human Resources, 11937 US Highway 271, Tyler, TX 75708

Last Name	First Name		
Mailing Address	City	State	Zip
Telephone	Email Address		
Please indicate the basis of your complaint:			
Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.			
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).			
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation			
Names of individuals responsible for the discriminatory action(s):			

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

_____	U.S. Department of Transportation_____
_____	Federal Highway Administration_____
_____	Federal Transit Administration_____
_____	Office of Federal Contract Compliance Programs_____
_____	U.S. Equal Employment Opportunity Commission (EEOC)_____
_____	U.S. Department of Justice_____
_____	Other: _____

Have you discussed the complaint with any Smith County representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please sign and date the complaint form below:

Complainant's Signature: _____	Date: _____
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FOR OFFICE USE ONLY

Date Complaint Received: _____	Case#: _____
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Processed by: _____	Date Referred: _____
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Referred to: <input type="checkbox"/> USDOT	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> OFCCP	<input type="checkbox"/> EEOC	<input type="checkbox"/> OTHER _____
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