



# 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/Color* <input type="checkbox"/> Sex <input type="checkbox"/> Disability** <input type="checkbox"/> Age <input type="checkbox"/> National Origin* <input type="checkbox"/> Retaliation <input type="checkbox"/> Religion		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:**

<b>Pennsylvania Department of Transportation</b>  <i>Bureau of Equal Opportunity</i>  P.O. Box 3251 Harrisburg, PA 17105-3251  Phone: (800) 468-4201  Email: penndoteoreports@pa.gov	<b>Federal Highway Administration</b>  <i>U.S. Department of Transportation Equal Opportunity Specialist</i>  Pennsylvania Division Office 228 Walnut Street, Room 508 Harrisburg, PA 17101-1720  Phone: (717) 221-3705	<b>PA Human Relations Commission</b>  <i>Equal Opportunity Specialist</i>  Harrisburg Regional Office 333 Market Street, 8th Floor Harrisburg, PA 17101  Phone: (717) 787-9780	<b>U.S. Department of Justice</b>  <i>Office of Justice Programs</i>  Office for Civil Rights 810 7th Street, NW Washington, DC 20531  Phone: (202) 307-0690 Phone (TDD): 202-307-2027
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\* indicates is specific to Title VI of the Civil Rights Act of 1964    \*\*indicates is specific to Americans with Disabilities Act of 1990