



DISCRIMINATION COMPLAINT FORM

Name		Phone		Name of Person(s) That Discriminated Against You			
Address (Street No., P.O. Box, Etc.)				Location		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(s) of Alleged Incident(s)			
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:

Pennsylvania Department of Transportation Bureau of Equal Opportunity P.O. Box 3251 Harrisburg, PA 17105-3251 Phone: (717) 787-5891 Email: penndoteoreports@pa.gov	Federal Highway Administration U.S. Department of Transportation Equal Opportunity Specialist Pennsylvania Division Office 228 Walnut Street, Room 508 Harrisburg, PA 17101-1720 Phone: (717) 221-3705	Federal Motor Carrier Safety Administration U.S. Department of Transportation FMCSA Office of Civil Rights 1200 New Jersey Avenue, SE Washington DC, 20590 ATTN: Room W65-312 Phone: (202) 366-8810	U.S. Department of Justice Office of Justice Programs Office for Civil Rights 810 7th Street, NW Washington, DC 20531 Phone: (202) 307-0690 Phone (TDD): 202-307-2027
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