



# Office of Civil Rights DISCRIMINATION COMPLAINT FORM

The Oregon Department of Transportation (ODOT) complies with the Civil Rights Act of 1964, the Americans with Disabilities Act, and other federal nondiscrimination authorities. These authorities prohibit discrimination based on race, color, national origin, age, disability, sex, income level, and Limited English Proficiency in ODOT's programs, activities, services, operations, delivery of benefits, and opportunities to participate.

ODOT Office of Civil Rights (OCR) is available to assist you with transportation civil rights matters in Oregon under Title VI and ADA.

- To submit a Title VI or ADA discrimination complaint, please provide the necessary information by completing the fields in the form below. You may ask a representative to assist you.
- You or your representative must click the Submit Form button at the bottom when done to submit the form to ODOT OCR at [ODOT.TitleVI@ODOT.Oregon.Gov](mailto:ODOT.TitleVI@ODOT.Oregon.Gov) and [ODOT\\_ADA@ODOT.Oregon.Gov](mailto:ODOT_ADA@ODOT.Oregon.Gov).
- For a formal complaint, you or your representative must submit the complaint within 180 days of the occurrence of the alleged discriminatory act.
- If you need assistance or an accommodation to complete or submit a complaint, please contact ODOT OCR at 855-540-6655 or [ODOT.TitleVI@ODOT.Oregon.Gov](mailto:ODOT.TitleVI@ODOT.Oregon.Gov) and [ODOT\\_ADA@ODOT.Oregon.Gov](mailto:ODOT_ADA@ODOT.Oregon.Gov).
- For additional guidance, view the [Discrimination Complaint Process](#) document online or request a copy.

Person who experienced the discrimination:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

Representative assisting with this form:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

Additional people who experienced discrimination under this complaint:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

Please check the box next to each basis that applies to you complaint:

- Race or color    National origin    Sex    Age    Disability    Low income    Limited English Proficiency (LEP)

DATE OF ALLEGED DISCRIMINATION	LOCATION OF ALLEGED DISCRIMINATION

Organization, institution, or people responsible for the alleged discrimination. Include as much contact information as possible:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

Describe the alleged discrimination. Explain what happened and who you believe was responsible.

Names and contact information for anyone you believe has information about the alleged discrimination:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

What outcome would provide an acceptable resolution in your opinion?

**Comment**  
Add contact information for any of the following: additional persons discriminated against, additional agencies or persons responsible for the alleged discrimination, additional persons who may have knowledge of the alleged discrimination; or another information concerning this complaint.

## Use of personal information

Please read the [NOTICE OF INVESTIGATORY USES OF PERSONAL INFORMATION BY THE OREGON DEPARTMENT OF TRANSPORTATION](#) and check the consent box below.

By checking this box, I agree that:

1. I authorize this release voluntarily.
2. I understand that this complaint and any supporting documentation will become part of ODOT's permanent public records and is subject to public records law.
3. I authorize ODOT to release information about my identity to persons at the organization or institution under investigation.
4. I understand that I am not required to authorize this release, but that refusing to do so will likely impede the investigation of my complaint.
5. I authorize any party to release to ODOT any information and/or documentation related to the complaint.
6. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities.
7. I understand the [Notice of Investigatory Uses of Personal Information](#) is available on ODOT's website and upon request.
8. If I have concerns about my safety related to the release of my identity, I have discussed them with the Office of Civil Rights prior to submitting this form. For more information, contact us toll free at 855-540-6655, or email [ODOT.TitleVI@ODOT.Oregon.Gov](mailto:ODOT.TitleVI@ODOT.Oregon.Gov) and [ODOT\\_ADA@ODOT.Oregon.Gov](mailto:ODOT_ADA@ODOT.Oregon.Gov).

You may attach written materials or other supporting information that you think is relevant to your complaint. The complaint will not be accepted if it has not been signed.

## Complaint certification

By entering my name in the signature box below, I certify that the information contained in this complaint is true and accurate to the best of my knowledge. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

PRINT NAME	SIGNATURE	DATE

If preferred, you may print, complete, and mail [this form](#) to ODOT Office of Civil Rights, Attn: TitleVI/EJ/ADA Manager, 800 Airport Rd. SE, Salem, OR 97301, or fax to the TitleVI/EJ/ADA Manager at 503-986-6382.

For more information, contact the ODOT Office of Civil Rights:

- Call toll free: 855-540-6655
- Email: [ODOT.TitleVI@ODOT.Oregon.Gov](mailto:ODOT.TitleVI@ODOT.Oregon.Gov) and [ODOT\\_ADA@ODOT.Oregon.Gov](mailto:ODOT_ADA@ODOT.Oregon.Gov).