



Office of Civil Rights DISCRIMINATION COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." – Title 42 USC Section 2000d

Title II of the Americans with Disabilities Act protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities provided by State and local government entities.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request, please contact ODOT OCR at (855) 540-6655 or e-mail to ODOT.TitleVI@odot.state.or.us

Complete this form and click the Submit button below to send by e-mail to ODOT.TitleVI@odot.state.or.us, or send by postal mail to the address at the bottom of the form. Note: With the exception of personal identifying information, the complaint form is not confidential and ODOT may be required to disclose this information upon request.

Complainant (person completing this report):

COMPLAINANT NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

Other person(s) discriminated against (other than complainant) Add additional names and contact information in comment section.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

What was the alleged discrimination based on? *Select all applicable:*

- Race or color
 National origin
 Sex
 Disability
 Low income
 Limited English proficiency

DATE OF ALLEGED DISCRIMINATION	LOCATION OF ALLEGED DISCRIMINATION

Agency or person(s) responsible for the alleged discrimination. Supply as much information as is available. Add additional agency or individual names and contact information in comment section.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

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

Names and contact information of any person(s) who may have knowledge of the alleged discrimination. Supply as much contact information as is available. Add additional names and contact information in comment section.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE (PRIMARY)	ALTERNATE PHONE

In your opinion, what resolution(s) would you consider acceptable in the outcome of this complaint?

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 other 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 one of the consent boxes below.

- CONSENT – I have read and understand the above information and authorize the Oregon Department of Transportation (ODOT) to reveal my identity to persons at the organization or institution under investigation. I hereby authorize ODOT to receive material and information about me pertinent to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.
- CONSENT DENIED – I have read and understand the above information and do not want ODOT to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

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.

Complainant signature and 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

Note: If preferred, this form may be printed, filled out and mailed to ODOT Office of Civil Rights MS 23, Attn: Title VI/EJ/ADA Manager, 3930 Fairview Industrial Drive SE, Salem OR 97302-1166.