



Complaint of Discrimination

Complainant Information:

Name:		Telephone Number:	
		W ()	H ()
Address:	City:	State:	Zip Code:

Are you an employee of the Department of Transportation? Yes No

If yes, at which Administration are you employed?

- TSO
 MVA
 MAA
 MdTA
 MPA
 SHA
 MTA

What is your current job classification? _____

Which Administration and office do you believe discriminated against you?

- | | |
|--|---|
| <input type="checkbox"/> TSO Office: _____ | <input type="checkbox"/> MVA Office: _____ |
| <input type="checkbox"/> MAA Office: _____ | <input type="checkbox"/> MdTA Office: _____ |
| <input type="checkbox"/> MPA Office: _____ | <input type="checkbox"/> SHA Office: _____ |
| <input type="checkbox"/> MTA Office: _____ | |

Name, title and address of person you believe discriminated against you:

Name:		Title:	Telephone Number:
			W ()
Address:	City:	State:	Zip Code:

When was the last alleged discriminatory act? (Month, Day and Year) **April 29, 2005** _____

The alleged discrimination was based on:

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Political Affiliation or Opinion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religious Affiliation |
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Physical or Mental Disability | |

The issue(s) involved was:

- | | | |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Reasonable Accommodatio | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Termination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Layoff | |

Describe the alleged act(s) of discrimination. (Use additional pages if necessary.)

What corrective action do you want taken on your behalf?

Have you filed a complaint alleging the same discrimination with another state or federal agency? Yes No

If yes, with what agency? _____

SIGNATURE

DATE

Comment:

White Copy – EO Officer

Canary Copy – TSO EO Office

Pink Copy - Complainant

