



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?

TSO Office: _____ MVA Office: _____
 MAA Office: _____ MdTA Office: _____
 MPA Office: _____ SHA Office: _____
 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) _____

The alleged discrimination was based on:

Race Marital Status Political Affiliation or Opinion
 Color Sexual Orientation Religious Affiliation
 Age National Origin Other: _____
 Gender Physical or Mental Disability _____

The issue(s) involved was:

Hiring Reasonable Accommodation Transfer
 Wages Termination Other: _____
 Promotion 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

White Copy – EO Officer

Canary Copy – TSO EO Office

Pink Copy - Complainant