

DISCRIMINATION COMPLAINT FORM

Any person who believes that he/she has been subjected to discrimination based upon race, color, national origin, sex, age, or disability may file a written complaint with BGMPO, within 180 days after the discrimination occurred.			
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City	State
Home Telephone:	Work Telephone:	E-mail Address	
Identify the Category of Discrimination: <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY <input type="checkbox"/> LIMITED ENGLISH PROFICIENCY			
Identify the Race of the Complainant <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____			
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.			
Names of individuals responsible for the discriminatory action(s):			
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).			
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.			
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).			
<u>Name</u>	<u>Address</u>	<u>Telephone</u>	
1. _____			
2. _____			
3. _____			
4. _____			

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Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

NC Department of Transportation _____

Federal Highway Administration _____

US Department of Transportation _____

Federal or State Court _____

Other _____

Have you discussed the complaint with any BGMPO representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

_____ COMPLAINANT'S SIGNATURE	_____ DATE
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MAIL COMPLAINT FORM TO:
 Burlington – Graham MPO
 PO Box 1358
 234 E. Summit Avenue
 Burlington, NC 27215
 336-513-5418

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: NCDOT FHWA/FTA Date Referred: _____