

Title VI Discrimination Complaint Form

Please complete, sign, and return this form to the address listed at the bottom of the page.

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|-------------------------|--|--|--|-------|--|--|-------|--|----------|--|
| Complainant name | | | | | | | | | | |
| Address | | | | City | | | State | | Zip code | |
| Phone | | | | Email | | | | | | |

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|--|--|--|--|-------|--|--|-------|--|----------|--|
| Person discriminated against, if different from complainant | | | | | | | | | | |
| Address | | | | City | | | State | | Zip code | |
| Phone | | | | Email | | | | | | |

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|--------------------------------|------------|-----|-----|-----------------|------------|-------|
| Type of discrimination: | Race/Color | Age | Sex | National origin | Disability | Other |
| Date of incident | | | | | | |

Please provide the date and location of the alleged discriminatory actions, including both the earliest and most recent incidents.

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Please provide a brief and clear account of the discriminatory incident, including details of what happened, who was involved and any differential treatment compared to others. You may also include supporting materials for your complaint. Please attach any additional written or supporting information that you believe is relevant to this complaint.


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Please provide the names and contact information of persons, including witnesses or others, whom we may contact for additional information to investigate your complaint.

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To process your complaint, please ensure it is signed and dated below.

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|-----------|--|
| Signature | |
| Date | |

MAIL  **NDOT Civil Rights Office**
1500 Nebraska Parkway
PO Box 94759
Lincoln, NE 68509-4759
EMAIL  ndot.civilrights@nebraska.gov

NDOT USE ONLY

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|-------------|--|---------------|--|
| Received by | | Date received | |
|-------------|--|---------------|--|