

Title VI Discrimination Complaint Form

Nebraska Department of Transportation

Complainant:	Phone:
Address: (City, State, Zip)	Email:
Person discriminated against, if different from above:	Phone:
Address: (City, State, Zip)	Email:
Type of Discrimination: <input type="checkbox"/> Race/Color <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation	Date of Incident:
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your complaint (attach additional pages if necessary).	
Names and contact information of persons (witnesses, others) whom we may contact for additional information to investigate your complaint.	
The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.	
Signature	Date
Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submit completed form and any additional information to: Nebraska Department of Transportation Attn: Chris Hassler, Highway Civil Rights Coordinator 1500 Highway 2 PO Box 94759 Lincoln, NE 68509-4759	
NDOT USE ONLY: Received by	Date