

NEBRASKA DEPARTMENT OF TRANSPORTATION
Title VI Discrimination Complaint Form

COMPLAINANT		PERSON DISCRIMINATED AGAINST, IF DIFFERENT FROM COMPLAINANT	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Type of discrimination:	RACE/COLOR AGE SEX NATIONAL ORIGIN DISABILITY OTHER		
Date of incident:			
<p>Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.</p> 			
<p>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).</p> 			
<p>Names and contact information of persons (witnesses, others) whom we may contact for additional information to investigate your complaint.</p> 			
<p>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.</p>			
Signature:		Date:	
Attachments:	YES NO		
<p>Submit completed form and any additional information to:</p>		<p>MAIL: Nebraska Department of Transportation ATTN: Kimberly Baker, Civil Rights Program Manager 1500 Nebraska Parkway PO Box 94759 Lincoln, NE 68509-4759</p> <p>EMAIL: ndot.civilrights@nebraska.gov</p>	
NDOT USE ONLY:			
Received by:		Date Received:	