



DELAWARE DEPARTMENT OF TRANSPORTATION
EQUAL EMPLOYMENT OPPORTUNITY(EEO)
COMPLAINT FORM

Complainant Information

Name:

Street Address:

City:

State:

Zip Code:

Telephone No.: Home:

Work:

Cell:

Email:

Person (s) discriminated against, if different from above:

Name:

Street Address:

City:

State:

Zip Code:

Telephone No.: Home:

Work:

Cell:

Email:

**Have you ever filed these allegations of harassment/ employment
discrimination with another agency?**

Federal or Local

Yes

No

If yes, which agency?

Contact Name:

Phone Number:

Who can we contact if we cannot reach you?

Name:

Street Address:

City:

State:

Zip Code:

Telephone No.: Home:

Work:

Cell:

Email:

What is the name of the employer/ contractor that you believe discriminated/ harassed you?

Company Name:

Street Address:

City:

State:

Zip Code:

Telephone No.:

Give the date (s) and times you believe you were discriminated/harassed:

Why do you believe your employer discriminated, harassed, or retaliated against you?

Race

Religion

Sex

Sexual Orientation

Gender Identity

Protected Veteran Status

Disability

Other

Please describe the following:

Date of occurrence:

Location of incident:

Who was present:

Description of incident:

What harm if any, did you or others suffer because of the alleged discrimination/ harassment/ retaliation?

What explanation, if any, was offered by your employer/ contractor for their actions?

Do you think the discrimination includes or affects others?

Yes; Who:

No

Do you have an attorney or other representative?

Yes

No

If you are represented by an attorney or another person or an organization please provide their contact information below:

Firm:

Attorney Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email:

Who should we contact if we need more information about your description of what occurred?

You

Your Representative

SIGNATURE AND VERIFICATION

I declare that the above statements are true and correct to the best of my knowledge and belief.

Please print, sign and date the complaint below. (Please note that DelDOT cannot process the complaint without a signature.)

Signature of Complainant:

Date:

The signed complaint may be scanned and sent electronically to:
DOT.CivilRightsSection@delaware.gov and original sent via US mail to, DelDOT Office of Civil Rights, 800 Bay Road, Dover, DE 19901, Attn: Civil Rights Administrator. For additional questions or concerns, please call phone number 760-2035.