



**DELAWARE DEPARTMENT OF TRANSPORTATION
TITLE VI/ CIVIL RIGHTS COMPLAINT FORM**

Contact Information

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Email:

Discrimination Complaint

Date of Alleged Incident: mm/dd/yyyy

TITLE VI

**You were discriminated
against because of:**

Color

Age

National Origin

Disability

Race

Sex

1. Explain as briefly and clearly as possible what happened and how you were discriminated against.

2. If you believe that you have been retaliated against for complaining about discrimination or cooperating in an investigation of alleged discrimination, please explain the basis for the alleged retaliation.

3. Please list below any persons (name and phone number) that DelDOT may contact for additional information to support or clarify your complaint. (i.e. witnesses, fellow employees, or supervisors).

4. Please provide any other information that you think is relevant to your discrimination complaint.

5. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following contact information.

Name:

Address:

City:

Zip:

Telephone No.:

6. What remedy are you seeking for the alleged discrimination?

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

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: Title VI Coordinator. For additional questions or concerns, please call phone number 760-2035.

Signature

Date