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| **Any person who believes that he/she has been subjected to discrimination based upon race, color, national origin, sex, age, or disability may file a written complaint with Triangle West Transportation Planning Organization (Triangle West TPO), within 180 days after the discrimination occurred.** | | | | | | | |
| Last Name: | | First Name: | | | | | Male  Female |
| Mailing Address: | | | | City | State | Zip | |
| Home Telephone: | Work Telephone: | | E-mail Address | | | | |
| Identify the Category of Discrimination:  RACE  COLOR  NATIONAL ORIGIN  AGE  SEX  DISABILITY  LIMITED ENGLISH PROFICIENCY | | | | | | | |
| Identify the Race of the Complainant  Black  White  Hispanic  Asian American  American Indian  Alaskan Native  Pacific Islander  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination. | | | | | | | |
| Names of individuals responsible for the discriminatory action(s): | | | | | | | |
| How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you**. (Attach additional page(s), if necessary).** | | | | | | | |
| The law prohibits intimidation or **retaliation** against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation. | | | | | | | |
| Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).  **Name Address Telephone**  1.  2.  3.  4. | | | | | | | |

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| Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.  NC Department of Transportation  Federal Highway Administration  US Department of Transportation  Federal or State Court  Other | |
| Have you discussed the complaint with any Triangle West TPO representative? If yes, provide the name, position, and date of discussion. | |
| Please provide any additional information that you believe would assist with an investigation. | |
| Briefly explain what remedy, or action, are you seeking for the alleged discrimination. | |
| **\*\*WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.** | |
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| **MAIL COMPLAINT FORM TO:**  Triangle West Transportation Planning Organization  4307 Emperor Blvd, Suite 110  Durham, NC 27703  919-503-4116 | |
| FOR OFFICE USE ONLY  Date Complaint Received:  Processed by:  Case #:  Referred to: NCDOT FHWA Date Referred: | |