

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF TRANSPORTATION



**Discrimination Complaint Form**

**Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin, in any program or activity receiving Federal assistance.**

**If you believe that you have been subjected to discrimination prohibited by Title VI non discrimination provisions or related statutes, you may file a complaint within 180 days of the date of the alleged discrimination.**

**Please complete the following information, sign the form and submit to:**

Attention: Title VI Program Coordinator  
Office of Civil Rights  
District Department of Transportation  
55 M Street S.E., 3<sup>rd</sup> Floor  
Washington, D.C. 20003

Telephone : (202) 671-2700  
Fax: (202) 645-0366

**Complainant's Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Email \_\_\_\_\_

Race \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

National Origin \_\_\_\_\_

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**If you are filing on behalf of someone, please provide your contact information below:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Your relationship to the person for which this complaint has been filed (e.g. friend, attorney, parent, etc.) \_\_\_\_\_

**Name of agency, institution or office you believe discriminated against you:**

**Respondent's Information:**

Agency or Department \_\_\_\_\_

Name of Individual (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

**Basis(es) for complaint, check all that apply:**

Race     Color     National Origin     Sex     Disability     Age

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**In your own words, describe how, why, when and by who you believe that you were subjected to discrimination. Include as much background information as possible about the alleged act(s) of discrimination. Include the names of individual, if known, whom you allege discriminated against you. Attach additional page(s), as needed.**

**Date(s) that incident(s) took place:**

**List names and contact information of persons, if known, who may have knowledge of the alleged discrimination.**

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**Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?**

**Federal agency** \_\_\_\_\_

**State Agency** \_\_\_\_\_

**Local Agency** \_\_\_\_\_

**Federal Court** \_\_\_\_\_

**Local Court** \_\_\_\_\_

**Please sign and date the complaint form below. The complaint will not be accepted if it has not been signed. You may attach written materials or supporting information that you think is relevant to your complaint.**

\_\_\_\_\_  
**Complainant Signature**

\_\_\_\_\_  
**Date**

**Attachments:**  Yes  No

**Submit Form and any additional information to:**

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