



Gaston Cleveland Lincoln Metropolitan Planning Organization
DISCRIMINATION COMPLAINT FORM

Last Name:		First Name:		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mailing Address:		City	State	Zip
Home Telephone:	Work Telephone:	E-mail Address		
Identify the Category of Discrimination:				
<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE	
	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX/GENDER		
Identify the Race of the Complainant				
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____	
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.				
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 where treated differently from you. (Attached 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 individuals responsible for the discriminatory action(s):				
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).				
<u>Name</u>	<u>Address</u>	<u>Telephone</u>		
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.

- NCDOT _____
- Federal Highway Administration _____
- US Department of Transportation _____
- USDOJ _____
- FTA _____

Have you discussed the complaint with any NCDOT 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.**

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:

NCDOT
Office of Civil Rights and Business Development
1511 MAIL SERVICE CENTER
RALEIGH, NC 27699-1511
919-588-1808 OR 800-522-0453

CITY OF GASTONIA
ATTN: GLEN ALTMAN
P.O. BOX 1748
GASTONIA, NC 28053
704-866-6861

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: FHWA USDOT DOJ Date Referred: _____