



## Jacksonville MPO 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"/> RELIGION	<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.				
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 <b>retaliation</b> 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. <input type="checkbox"/> US Equal Employment Opportunity Commission _____ <input type="checkbox"/> Federal Highway Administration _____ <input type="checkbox"/> US Department of Transportation _____ <input type="checkbox"/> North Carolina Department of Transportation _____ <input type="checkbox"/> Federal or State Court _____ <input type="checkbox"/> Other _____	
Have you discussed the complaint with any JACKSONVILLE MPO 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.	
<b>**WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.</b>	
_____	_____
<b>COMPLAINANT'S SIGNATURE</b>	<b>DATE</b>
<b>MAIL COMPLAINT FORM TO:</b>  Jacksonville MPO TITLE VI/EO CONTRACT COORDINATOR PO Box 128 City Hall 815 New Bridge Street JACKSONVILLE, NC 28541-0128  or call 910-938-5200	
<b>FOR OFFICE USE ONLY</b>	
Date Complaint Received: _____	
Processed by: _____	
Case #: _____	
Referred to: <input type="checkbox"/> NCDOT	Date Referred: _____