



DISCRIMINATION COMPLAINT FORM

Name		Phone		Name of Person(s) That Discriminated Against You			
Address (Street No., P.O. Box, Etc.)				Location		Position of Person (If Known)	
City		State	Zip	City		State	Zip
Discrimination Because of: <input type="checkbox"/> Race/Color* <input type="checkbox"/> Sex <input type="checkbox"/> Disability** <input type="checkbox"/> Age <input type="checkbox"/> National Origin* <input type="checkbox"/> Retaliation <input type="checkbox"/> Religion				Date(s) of Alleged Incident(s)			

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.

Signature	Date
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Please submit this form to one of the following agencies:

<p>Pennsylvania Department of Transportation</p> <p>Bureau of Workforce and Business Opportunity</p> <p>P.O. Box 3251 Harrisburg, PA 17105-3251 Phone: (717) 787-5891</p> <p>Email: penndoteoreports@pa.gov</p>	<p>Federal Highway Administration</p> <p>U.S. Department of Transportation Equal Opportunity Specialist</p> <p>Pennsylvania Division Office 30 North Third Street, Suite 700 Harrisburg, PA 17101</p> <p>Phone: (717) 221-3461</p>	<p>U.S. Department of Justice</p> <p>Civil Rights Division 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</p> <p>Phone: (202) 514-3847 Phone (Toll Free): 1 (855) 856-1247 Phone (TDD): (202) 514-0716</p>
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