|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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  DISABILITY  SEX/GENDER | | | | | | | |
| 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  US Equal Employment Opportunity Commission  Federal Transit Administration  Federal Highway Administration  US Department of Transportation  Federal or State Court  Other | |
| 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:**  GREATER HICKORY MPO  1880 2ND AVE NW  HICKORY, NC 28601  or call  828-485-4248 or 828-485-4280 | |
| FOR OFFICE USE ONLY  Date Complaint Received:  Processed by:  Case #:  Referred to: FHWA FTA NCDOT Date Referred: | |

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