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6000 N. Terminal Pkwy

Suite 4000

 Atlanta, GA 30320

Submit to Steve.Mayers@atl.com or via mail at the address above.

TITLE VI DISCRIMINATION COMPLAINT

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| Name of Complainant | Telephone Number: ( ) | Email: |
| Mailing Address |
| What is the most convenient time for us to contact you about this complaint? |
| Basis of Discrimination Race Disability Color Age National Origin Sex Other (please specify)  | If you have a representative, please provide the following information:Name: Firm Name: Address: Telephone Number: ( )  |
| Date and place of the alleged discrimination. |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Include how other persons were treated differently from you. (Attach additional page(s), if necessary). |
| Names of individuals responsible for the discriminatory action(s): |
| Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint:Name Address Phone Number   |

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| The laws prohibit retaliation against anyone because he/she has taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Please explain what action you took which you believe was the basis for the allegation. |
| What remedy, or action, are you seeking for the alleged discrimination? |
| Have you filed this compliant with any other Federal, State, or local agency, or with any Federal or State court? Yes NoIf yes, check all that apply: U.S. Equal Employment Opportunity Commission Federal or State Court Department of Fair Employment and Housing Federal Highway Administration/U.S. Dept. of Transportation Federal Transit Administration/U.S. Dept. of TransportationIf you have already filed a charge or complaint, please provide the following information:Agency/Court: Attorney Name: Address: Firm Name: Date Filed: Address: Case Number: Telephone Number: ( ) Date of Trial Hearing: Status of case: |
| Please provide any additional information that you believe would assist in the investigation: |
| Note: The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Please sign and date the complaint form below. |
| **Signature of Complainant:** | **Date of Filing:** |

Complaints may also be filed with the Federal Highway Administration by contacting (202)366-0693 or CIVILRIGHTS.FHWA@FHWA.DOT.GOV.