Title VI Discrimination Complaint Form
Mail completed and signed form: Title VI Coordinator, 11937 US Highway 271, Tyler, TX 78701

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Please indicate the basis of your complaint:

Date and place of alleged discriminatory action (s). Please include the earliest date of discrimination and the 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 were treated differently from you. (Attach additional pages, 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: (Attach additional pages, if necessary).

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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.

- [ ] U.S. Department of Transportation
- [ ] Federal Highway Administration
- [ ] Federal Transit Administration
- [ ] Office of Federal Contract Compliance Programs
- [ ] U.S. Equal Employment Opportunity Commission (EEOC)
- [ ] U.S. Department of Justice
- [ ] Other: ______________________________________________

Have you discussed the complaint with any Travis County representative? If yes, provide the name, position, and date of discussion.

______________________________________________________________________________
______________________________________________________________________________

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

______________________________________________________________________________

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

We cannot accept an unsigned complaint. Please sign and date the complaint form below:

Complainant’s Signature: ____________________ Date: ________________

FOR OFFICE USE ONLY

Date Complaint Received: ____________________ Case#: ________________
Processed by: ____________________ Date Referred: ________________
Referred to: _ USDOT _ FHWA _ FTA _ OFCCP _ EEOC _ OTHER ______

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