# Title VI Discrimination Complaint Form

Mail completed and signed form:
Title VI Coordinator, Office of Human Resources, 11937 US Highway 271, Tyler, TX 75708

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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).**

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**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.**

________________________________________________________________________________

________________________________________________________________________________

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________________________________________________________________________________

**Names of individuals responsible for the discriminatory action(s):**

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

ATTACHMENT 1
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 Smith 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.

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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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 ______