



## TITLE VI - COMPLAINT

*"No person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, low-income, or LEP be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from DOT, including the FMCSA."*

This form may be used to file a complaint with the Ohio Department of Public Safety for alleged violations of Title VI of the Civil Rights Act of 1964.

**Only the complainant or the complainant's designated representative should complete this form.**

NAME		STREET ADDRESS	
CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	FAX NUMBER	

**Individual(s) discriminated against, if different from above (use additional page(s) if necessary)**

NAME		STREET ADDRESS	
CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	FAX NUMBER	
PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE			

**NAME OF AGENCY AND DEPARTMENT OR PROGRAM THAT DISCRIMINATED**

AGENCY AND DEPARTMENT NAME		
NAME OF INDIVIDUAL (IF KNOWN)		STREET ADDRESS
CITY		STATE
		ZIP CODE
TELEPHONE NUMBER		FAX NUMBER

**DATE(S) OF ALLEGED DISCRIMINATION**

DATE DISCRIMINATION BEGAN	LAST OR MOST RECENT DATE OF DISCRIMINATION
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**ALLEGED DISCRIMINATION**

Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 day period, you have 60 days after you became aware to file your complaint.

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken. (Check all that apply)

*Example:* If you believe that you were discriminated against because you are African American, you would mark the box labeled *Race or Color* and write *African American* in the space provided.

*Example:* If you believe the discrimination occurred because you are female, you would mark the box labeled *sex* and write *female* in the space provided.

<input type="checkbox"/>	RACE
<input type="checkbox"/>	COLOR
<input type="checkbox"/>	NATIONAL ORIGIN
<input type="checkbox"/>	SEX
<input type="checkbox"/>	AGE
<input type="checkbox"/>	DISABILITY
<input type="checkbox"/>	INCOME
<input type="checkbox"/>	LIMITED ENGLISH

**EXPLAIN**

Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written materials pertaining to your case).

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SIGNATURE <b>X</b>	DATE
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Note: The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

EEO Coordinator  
 Ohio Department of Public Safety  
 P.O. Box 182081  
 Columbus, OH 43218-2081