OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION

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 NU	MBER	FAX NUMBER		
Individual(s) discriminated against, if	different from above	(use additional pag	e(s) if nec	essary)	
NAME		STREET ADDRESS			
CITY		STATE		ZIP CODE	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER		FAX NUMBER		
PLEASE EXPLAIN YOUR RELATIONSHIP TO 1	THE INDIVIDUAL(S) INDIC	CATED ABOVE			
NAME OF AGENCY AND DEPARTMENT OR PROGRAM THAT DISCRIMINATED AGENCY AND DEPARTMENT NAME					
NAME OF INDIVIDIUAL (IF KNOWN)		STREET ADDRESS			
CITY		STATE		ZIP CODE	
TELEPHONE NUMBER		FAX TELEPHONE			
DATE(S) OF ALLEGED DISCRIMINATION	ON				
DATE DISCRIMINATION BEGAN		LAST OR MOST RECENT DATE OF DISCRIMINATION			

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. **RACE COLOR** NATIONAL ORIGIN SEX **AGE** DISABILITY INCOME 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).

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:

DATE

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

SIGNATURE