TITLE VI COMPLAINT FORM
North Dakota Department of Transportation, Civil Rights Division
SFN 51795 (Rev. 01-2009)

PART I - COMPLAINANT INFORMATION (Print all items legibly.)

Name		Telephone
Mailing Address		
City	State	Zip Code

PART II - CAUSE OF DISCRIMINATION BASED ON (Check appropriate box[es].)

☐ Race ☐ Color ☐ Sex ☐ Age ☐ National Origin ☐ Disability/Handicap

☐ Sexual or Other Harassment ☐ Income Status

PART III - THE PARTICULARS ARE (Include names, dates, places, and incidents involved in the complaint.)
(If additional space is needed, attach extra sheet[s].)

PART IV - REMEDY SOUGHT (State the specific remedy sought to resolve the issue[s].)

PART V - VERIFICATION

Complainant's Signature _____ Date _____

Instructions

General

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, and income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the North Dakota Department of Transportation. Any person or group(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all complaint and appeal procedural requirements.
3. Complainants **must** include all required information and **must** meet all time frames as defined in the NDDOT Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries should be directed to the Civil Rights Division, North Dakota Department of Transportation, 608 East Boulevard Avenue, Bismarck ND 58505-0700, Telephone (701) 328-2576, TTY (701) 328-4156.

Part I

Complete all information in this section.

Part II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories. In the case of sexual or other harassment, also check the appropriate box indicating the basis for the harassment (race, sex, age, etc.).

Part III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

Part IV

State the minimum remedy acceptable for resolution of this complaint.

Part V

Sign and date this section to verify the information contained in Parts I through IV.

Appeals

Discrimination complaints based on race, color, sex, age, national origin, disability/handicap, and income status may be filed with or appealed to the Secretary, U. S. Department of Transportation, Room 4132, 400 Seventh Street, Southwest, Washington, D.C. 20590. The complaint and/or appeal **must** be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U. S. Department of Transportation. In consideration of the 180-day time for filing an appeal, a complaint may be filed with the Secretary, U. S. Department of Transportation, before, during, or after the complaint has been filed with the North Dakota Department of Transportation.