



**TITLE VI/NONDISCRIMINATION  
COMPLAINT FORM**

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or subjected to discrimination under any program or activity receiving Federal financial assistance.

42 U.S.C. § 2000d

**Complainant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work ) \_\_\_\_\_

**Person(s) discriminated against, if different from above:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work ) \_\_\_\_\_

**Please describe your relationship to this person(s).**

\_\_\_\_\_

**Agency, institution, or organization that discriminated:**

Name: \_\_\_\_\_

Any individual if known: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the agency, institution, or organization? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken:**

\_\_\_ Race: \_\_\_\_\_

\_\_\_ Color: \_\_\_\_\_

\_\_\_ National Origin: \_\_\_\_\_

\_\_\_ Sex: \_\_\_\_\_

\_\_\_ Age: \_\_\_\_\_

\_\_\_ Disability: \_\_\_\_\_

**If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**To the best of your recollection, on what date(s) did the alleged discrimination take place?**

Earliest date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

**Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary.)**

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**If you believe that you have been retaliated against for complaining about discrimination or cooperating in an investigation of alleged discrimination, please explain the circumstances and what actions you took which you believe were the basis for the alleged retaliation.**

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**Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom RIDOT may contact for additional information to support or clarify your complaint.**

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**Please provide any other information that you think is relevant to your discrimination complaint.**

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**What remedy are you seeking for the alleged discrimination?**

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**Please sign and date the complaint below. (Please note that RIDOT cannot process the complaint without a signature.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**COMPLAINANT CONSENT/  
RELEASE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Complaint Number(s) (If known): \_\_\_\_\_

*Please read the information below, check the appropriate box, and sign this form.*

I am aware that under Section 9-1-28.1 of the Rhode Island General Laws, I have a right to privacy. As a complainant, I understand that in the course of an investigation it may become necessary for the Rhode Island Department of Transportation (RIDOT) to reveal my identity to persons at the organization(s) under investigation, or to refer a copy of my complaint to another investigatory agency. I am also aware of RIDOT's obligations to honor requests under the Access to Public Records Act. I understand that it may be necessary for RIDOT to disclose information, including personally identifying details that RIDOT has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

**CONSENT/RELEASE**

**CONSENT GIVEN** – I have read and understand the above information and authorize RIDOT to reveal my identity to persons at the organization(s) under investigation, or to refer my complaint to another investigatory agency. I hereby authorize the Rhode Island Department of Transportation (RIDOT) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance activities. I further understand that I am not required to authorize this release, and do so voluntarily.

**CONSENT DENIED** – I have read and understand the above information and do not want RIDOT to reveal my identity to persons at the organization(s) under investigation, or to review, receive copies of, or discuss material and information about me pertinent to the investigation of my complaint. I understand that this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date