

Ohio Department of Transportation
TITLE VI/NONDISCRIMINATION COMPLAINT

FOR OFFICE USE ONLY: Location: _____ Dist. /Div.: _____

ODOT is committed to ensuring that no person will be denied the benefits of or be excluded from the participation in or be subjected to discrimination under any program, service, or activity administered by ODOT or its sub-recipients, consultants, or contractors on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Title VI/Nondiscrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Name: _____

Address: _____

City, state, zip code: _____

Telephone number: (home) _____ (cell) _____ (work) _____

Are you filing this complaint on your own behalf? Yes ___ No ___ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party:

Please indicate why you believe the alleged discrimination occurred:

Race Color National Origin (*Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964*)

Gender/Sex Age Disability Low-Income Status Limited English Proficiency

Date and place of alleged discriminatory actions. Please include earliest date and most recent date of discrimination: _____

Please describe the circumstances of the alleged discrimination. Describe as clearly as possible what happened and why you believe you were discriminated against based on your protected status (e.g., race, color, national origin, etc.): _____

Were there any witnesses to your alleged discrimination? Yes ___ No ___ If yes, provide their name(s) and phone number(s): _____

What remedy are you requesting? Please be specific: _____

Have you filed, or intend to file a charge or complaint regarding the matters raised in this complaint with any other agencies or courts (federal, state, or local)? Yes ___ No ___

If you have already filed a charge, or complaint please provide the following:

Agency/Court: _____ Date filed: _____

Address: _____

Case Number: _____ Attorney Name: _____

Status of case: _____ Attorney Phone Number: _____

Please provide any additional information that you believe is relevant to this complaint; attach additional documentation which supports your allegations if needed.

[For transit-related complaints, individuals who believe they have been subjected to discrimination must attempt to resolve the issue at the lowest level possible. That is, if you believe you have been discriminated against by a local transit provider you must file an internal complaint first with the local provider. Complaint forms can be found in public areas of the transit provider and on the provider's website.]

Sign and date this form and send all documents to:

Ohio Department of Transportation
Office of Equal Opportunity; MailStop 3270
1980 West Broad Street, 3rd floor
Columbus, Ohio 43223
Phone: (614) 466-3664; Ohio Relay Service: (800) 750-0750

Signature: _____ Date: _____

***Note-we cannot accept an unsigned complaint form**