

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 TELEPHONE	

DATE(S) OF ALLEGED DISCRIMINATION

DATE DISCRIMINATION BEGAN	LAST OR MOST RECENT DATE OF DISCRIMINATION
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