WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS COMPLIANCE DIVISION

TITLE VI COMPLAINT FORM

In accordance with Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 complaints may be filed by any person who believes they have been excluded from participation in, been denied the benefits of, or otherwise subjected to discrimination under any WVDOT program or activity based on race, color, or national origin. To begin the process, please complete the following form with as much information as you can provide. If portions of the form are incomplete, WVDOT may not be able to process your complaint.

Name:________________________________________________________

Street Address:________________________________________________

City:________________________ State:_______ ZIP Code:________________

Daytime Phone:________________________ E-Mail:________________

Please provide the basis upon which you believe your complaint is based (select all that apply):

Race:_________ Color:_________ National Origin:_______

Please provide the name and address of the subrecipient/respondent (company) and any alleged discriminating official(s) or person(s) who you believe discriminated against you:

____________________________________________________________________________________________________

If discriminating person or official is unknown, please provide as much information as possible regarding the individuals involved:

____________________________________________________________________________________________________

Description of incident including date incident occurred (attach additional pages if needed):

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

NOTE: If you elect to file a complaint with WVDOT, it must be submitted in writing, signed, and dated, within 180 days of the alleged discriminatory act (or latest occurrence).

_____________________________________________  _________________
Signature  Date

Please mail completed complaint form and any attachments to:

Director – Civil Rights Compliance Division
West Virginia Department of Transportation
State Capitol Complex – Building 5
1900 Kanawha Boulevard East
Charleston, West Virginia 25305