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 adofficial(s) or person(s) who you be		oondent (company) and any alleged discriminating you:
If discriminating person or offic individuals involved:	ial is unknown, please provid	e as much information as possible regarding the
Description of incident including	date incident occurred (attac	ch additional pages if needed):
	plaint with WVDOT, it must b s of the alleged discriminatory	e submitted in writing, signed, and dated, within 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