

Name

DISCRIMINATION COMPLAINT FORM

Name of Person(s) That Discriminated Against You

Phone

Address (Street No., P.O. Box, Etc.)			Location	ocation and Position of Person (If Known)				
City, State, Zip				City, S	tate, Zip			
				•	, ,			
Discrimination Because of:					Date of Alleged Incident			
Race/Color* Sex Disability**								
Age National Origin* Retaliation								
Religion								
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how								
other persons were treated differently than you. Also, attach any written material pertaining to your case.								
0:					Date			
Signature				Date				
Please submit this form to one of the following agencies or visit the WATS MPO website for additional options:								
Pennsylvania	Federal Highway	Federal Highway	U.S. Depart		U.S. Department	PA Human Relations	U.S. Department of	
Department of Transportation	Administration	Administration	of Transport		of Transportation	Commission	Justice	
Bureau of Equal	U.S. Department of Transportation Equal Opportunity Specialist	Office of Civil Rights 1200 New Jersey	Departmen Office of C	Civil	Federal Transit Administration Civil	Equal Opportunity Specialist	Office of Justice Programs	
Opportunity			Rights		Rights Officer	Harrisburg Regional Office 333 Market	Office for Civil Rights	
P.O. Box 3251 Harrisburg, PA	Pennsylvania	Ave., SE Washington, DC 20590	1200 New Je Ave., SE	ersey	17600 Market Street, Suite 500	Office 333 Märket Street.	810 7th Street, NW Washington, DC 20531	
17105-3251	Division Office 228 Walnut Street.		Washingtong	DC	Philadelphia, PA	8th Floor Harrisburg, PA 17101	Phone: (202)	
Phone: (800) 468-4201	Room 508 Phone: Phone: Phone: Phone: Phone: Phone: (855)-368-			19103		Phone: (717)	307-0690 Phone (TDD): (202)	
Email:			Phone: (855)-368-42	00	Phone: (215) 656-7100	787-9780	307-2027	
penndoteoreports@ pa.gov	ndoteoreports@ Phone: (717)		(3.37, 3.00 /12	-	Email: FTAcivilrightscomm			
Pa.90*	221-3705				unications@dot.gov			

^{*} indicates is specific to Title VI of the Civil Rights Act of 1964 **indicates is specific to Americans with Disabilities Act of 1990