**Maine Department of Transportation**

**External Discrimination Complaint Form**

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| **SECTION I** |
| Name:  | Email Address: | Phone:  |
| Address:  | City:  | State:  | Zip:  |
| **SECTION II** |
| 1. Are you filing this complaint on your own behalf?    **□** Yes (go to Section III)     **□** No (go to #2)
 |
| 1. If you answered “no” to question 1, please describe your relationship to the person (“complainant”) for whom you are filing and why you are filing for a third party.

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| 3. Have you obtained permission of the aggrieved party (complainant) to file this complaint on his or her behalf?     **□** Yes                **□** No |
| **SECTION III** |
| 1. Date of Incident: |
| 2. If applicable, name of person(s) who allegedly discriminated against you:  |
| 3. I believe I was discriminated against based on: **□** Race                  **□** Color                  **□** National Origin **□** Disability |
| 4. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel others may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.  |
| 5. Why do you believe discrimination occurred?  |
| 6. What remedy are you requesting? Be specific. |
| 7. Please list any person(s) we may contact for additional information to support or clarify your complaint.  |
| Name:  | Phone:  |
| Address:  | City:  | State:  | Zip:  |
| **SECTION IV** |
| 1. Have you previously filed a Complaint with the Maine Department of Transportation?     **□** Yes                **□** No |
| 2. Have you filed this complaint with any other federal, state, or local agencies or with any state or federal court?     **□** Yes                **□** No |
|     If yes, please check all that apply:     **□** Federal Agency        **□** Federal Court        **□** Local Agency**□** State Agency           **□**State Court   |
| 3. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed: Agency/Court: |
| Contact Name: | Address: | Phone Number: |
| **SECTION V** |
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| I affirm that I have read the above charge and it is true to the best of my knowledge. Complainant’s Signature:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date: \_\_\_\_\_\_\_\_\_\_\_Printed or Typed Name of Complainant:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please Mail Complaint to:**

Maine Department of Transportation

Civil Rights Office

State House Station 16

Augusta, Maine 04333-0016

Attention: Sherry Y. Tompkins

Email: sherry.tompkins@maine.gov, Fax: 207-624-3021

Phone: (207) 624-3066 ~ TTY Users dial Maine Relay 711

*Revised: 11/2024*