Maine Department of Transportation

External Discrimination Complaint Form

Use this form to file a discrimination complaint concerning a MaineDOT federally assisted program or activity. Complaints may allege discrimination based on race, color, national origin, sex, religion/creed, age, or disability, or retaliation for opposing discrimination or participating in a protected civil rights activity.

SECTION I — COMPLAINANT INFORMATION

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City, State, ZIP Code: _____

SECTION II — REPRESENTATIVE INFORMATION

Are you filing this complaint on your own behalf?

_____

If you are filing on behalf of another person, provide the following information:

Name of Person You Represent: _____

Your Relationship to That Person: _____

Reason You Are Filing on Their Behalf:

_____

_____

Do you have permission from the person who experienced the alleged discrimination to file this complaint on their behalf?

_____

Representative Email Address: _____

Representative Phone Number: _____

Representative Mailing Address: _____

City, State, ZIP Code: _____

SECTION III — COMPLAINT INFORMATION

Date(s) of Alleged Discrimination or Retaliation: _____

Is the alleged discrimination or retaliation ongoing?

Name of Person(s), Office, or Organization Alleged to Have Discriminated or Retaliated:

Protected Class

I believe I was discriminated against based on one or more of the following protected classes:

(Race, Color, National Origin, Sex, Religion/Creed, Age, Disability)

Protected class(es) involved: _____

Retaliation

If the complaint alleges retaliation, please describe the protected civil rights activity or opposition to discrimination that you believe resulted in retaliation.

Description of Complaint

Please describe what happened, including the date(s), location, person(s) involved, what was said or done, and why you believe the action or treatment was discriminatory based on the protected basis identified above. If the complaint involves retaliation, please describe the action you believe was retaliatory. Attach additional pages or supporting documentation if needed._____

Please explain why you believe the alleged discrimination or retaliation occurred._____

Additional Person Who May Have Information About Your Complaint

Name: _____

Phone: _____

Email or Mailing Address: _____

SECTION IV — CERTIFICATION

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that MaineDOT may need to disclose information provided in this complaint as necessary to review and process the complaint.

Signature: _____

Date: _____

Printed/Typed Name: _____

SUBMISSION OF COMPLAINT

Submit the completed complaint form and any supporting documentation to:

Maine Department of Transportation
Civil Rights Office
16 State House Station
Augusta, Maine 04333-0016

Attention: Sherry Y. Tompkins

Email: sherry.tompkins@maine.gov
Fax: 207-624-3021
Telephone: 207-624-3066
Maine Relay: 711

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