



**Maine Department of Transportation  
External Discrimination Complaint Form**

**(Title VI/Nondiscrimination and ADA/Section 504 Complaints)**

SECTION I			
Name:	Email Address:	Phone:	
Address:	City:	State:	Zip:
SECTION II			
1. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes (go to Section III) <input type="checkbox"/> No (go to #2)			
2. 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.			
3. Have you obtained permission of the aggrieved party (complainant) to file this complaint on his or her behalf? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> 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:
<b>SECTION IV</b>			
1. Have you previously filed a Title VI Complaint with the Maine Department of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you filed this complaint with any other federal, state, or local agencies or with any state or federal court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> 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:	
<b>SECTION V</b>			
<b>PLEASE NOTE: The Maine Department of Transportation cannot accept your complaint without a signature.</b>			
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](mailto:sherry.tompkins@maine.gov), Fax: 207-624-3021  
Phone: (207) 624-3066 ~ TTY Users dial Maine Relay 711