



External Title VI Discrimination Complaint Form

Mail the completed and signed form to: Title VI Coordinator,
101 W. Nueva St Ste 112, San Antonio, TX 78205 | rwatson@bexar.org

Last Name		First Name	
Mailing Address			
City		State	Zip
Telephone		Email Address	
Race:		Color:	
Ethnicity/National Origin:		Sex:	
Please indicate the basis of your complaint:			
Date and place of alleged discriminatory action (s). Please include the earliest date of discrimination and the most recent date of discrimination.			
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).			
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.			
Names of individuals responsible for the discriminatory action(s):			

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- U.S. Department of Transportation _____
- Federal Highway Administration _____
- Federal Transit Administration _____
- Office of Federal Contract Compliance Programs _____
- U.S. Equal Employment Opportunity Commission (EEOC) _____
- U.S. Department of Justice _____
- Other: _____

Have you discussed the complaint with any Bexar County representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please sign and date the complaint form below:

Complainant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case#: _____

Processed by: _____ Date Referred: _____

Referred to: _ USDOT _ FHWA _ FTA _ OFCCP _ EEOC _ OTHER _____
