

# Alabama Department of Transportation Title VI Complaint Form

**Available in the following locations:**

- Agency website;
- Hard copy in the Central office and Region offices;
- Available in appropriate language for LEP populations, meeting the Safe Harbor Threshold.

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
<b>Section III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Other _____		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____	
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____	

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
<b>Section VI</b>
Name of person, company or agency the complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_  
Signature Date

Please submit this form to address below, or email this form to:

**Attn: Title VI Coordinator**  
**Alabama Department of Transportation**  
**Compliance and Business Opportunities Bureau**  
**1409 Coliseum Blvd.**  
**Montgomery, Alabama 36011**  
[hamptonc@dot.state.al.us](mailto:hamptonc@dot.state.al.us)