



Title VI Complaint Form

The purpose of Title VI is to ensure that no person in the United States shall, on the grounds of race, color, creed or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance from the U.S. Department of Transportation. Later statutes extended the scope of Title VI to include prohibitions against discrimination on the basis of age, sex, and disability.

The program enables the New Hampshire Department of Transportation (NH DOT) and sub-recipients to comply with requirements contained in the Title VI regulations issued by the U.S. Department of Justice (DOJ) (28 CFR Part 42, Subpart F) and the U.S. Department of Transportation (DOT) (49 CFR Part 21), and to administer programs, policies, and activities in a manner that is consistent with the DOT Order on Environmental Justice (Order 5610.2) and the DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons (70 FR 74087, December 14, 2005).

If you wish to file a complaint, please complete the form and explain as clearly as possible what happened and why you believe you were discriminated against.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
E-Mail Address:		
Section II:		
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
Section III:		
<i>I believe the discrimination I experienced was based on (check all that apply):</i>		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
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.

Section IV:

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI:

Name of agency 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: Title VI Coordinator at titlevi@dot.nh.gov or NHDOT PO Box 483, Concord, NH 03302-0483 or contact via telephone at 603-271-2467