



CENTRAL TEXAS REGIONAL
MOBILITY AUTHORITY

Central Texas Regional Mobility Authority Discrimination Complaint Form

Mail the completed and signed form to:
Central Texas Regional Mobility Authority
3300 N IH-35, Suite 300
Austin, TX 78705-1849

Last Name:	First Name and Middle Initial:
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Mailing Address (include city, state, and zip code):
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Telephone:	Email:
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Preferred Method of Contact:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> Other (Please Specify)

Please indicate the basis of your complaint by checking one or more of the options listed:	
<input type="checkbox"/> Race	_____
<input type="checkbox"/> Color	_____
<input type="checkbox"/> Age	_____
<input type="checkbox"/> Gender	_____
<input type="checkbox"/> National Origin	_____
<input type="checkbox"/> Disability	_____

Date and place of alleged discriminatory action(s). Please indicate the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents, if available.

The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.

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

	Name	Address	Telephone
1)			
2)			
3)			
4)			

What action(s) have you or your representative taken to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

Action:

Date:

Filed with the Federal Highway Administration

Filed with the U.S. Department of Transportation

Filed with another Federal Agency

Filed in Federal Court

Other Action

Please provide any additional information you feel would be helpful in investigating this matter.

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

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

Signature

Date