



TITLE VI PROGRAM COMPLAINT – FMCSA

Section I – Complainant Information

Name			
Address			
Phone (primary)		Phone (alt)	
E-Mail			

Section II – Discrimination Description

Discrimination based on (check appropriate box(es)):

- Race
 Color
 National Origin
 Limited English Proficiency
 Low Income
 Sex
 Age
 Disability

Date(s) of Alleged Discrimination (Month, Day, Year): Earliest _____ Latest _____

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. Attach additional sheets if more space is needed.

Section III – Previous Filings

Have you previously filed a Title VI Program complaint with this agency? Yes No

If yes, please provide details: _____

Section IV – Collateral Complaints

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 and specify entity in which complaint was filed:

- Federal Agency _____
 Federal Court _____
 State Agency _____
 State Court _____
 Local Agency _____
 Other _____

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

Name		Title	
Agency			
Address			
Phone			

Section V – Complaint Filed Against			
Agency Name			
Contact Name		Title	
Phone			

This form may be supplemented by written materials and/or evidence you deem relevant to your complaint. If you have any questions or concerns prior to completing this form please contact the ALEA EEO Title VI Program Coordinator at 334-676-6205. Persons with disabilities can use the same number to request accommodations in accessing information and/or filing a complaint.

My signature certifies that the information included herein is true to the best of my knowledge, information and belief.

Signature

Date

Completed forms may be submitted by mail, fax, or e-mail using the information below.

Mailing Address	Alabama Law Enforcement Agency (ALEA) ALEA Personnel Division – EEO Title VI Program Coordinator PO Box 304115 Montgomery, AL 36130-4115
Fax	(334) 353-0900
E-Mail	personnel@alea.gov