



DISCRIMINATION COMPLAINT FORM

**Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin, disability, income-level, or limited English proficiency may file a written complaint with the Town of Franklin's Title VI Coordinator within 180 days after the discrimination occurred.**

Last Name:	First Name:	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Mailing Address:	City:	State:      Zip:
Home Telephone:	Work/Cell Phone:	Email Address:

Identify the Category of Discrimination:

- RACE       COLOR       NATIONAL ORIGIN       LIMITED ENGLISH PROFICIENCY  
 RELIGION       DISABILITY       SEX       INCOME LEVEL       AGE

NOTE: Religion is covered as a basis only under NCDOT's Right of Way Unit (Fair Housing) and Public Transportation and Aviation Division.

Identify the Race of the Complainant:

- Black       White       Hispanic       Asian American  
 American Indian       Alaskan Native       Pacific Islander       Other \_\_\_\_\_

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

Names of individuals responsible for the alleged discriminatory action(s):

How were you allegedly 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 page(s) if necessary.

The law prohibits intimidation or retaliation against anyone because he/she either has taken action, or participated in action, to secure rights protected by these laws. If you feel 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. Attach additional page(s) if necessary.

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

Name

Address

Telephone

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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.

Federal Highway Administration \_\_\_\_\_  
 Federal Transit Administration \_\_\_\_\_  
 Federal Motor Carrier Safety Administration \_\_\_\_\_  
 US Department of Transportation \_\_\_\_\_  
 Federal or State Court \_\_\_\_\_  
 NC Department of Transportation \_\_\_\_\_  
 Other \_\_\_\_\_

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

Please provide any additional information that you believe would assist with an investigation.

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

**AN UNSIGNED COMPLAINT WILL NOT BE ACCEPTED. PLEASE SIGN AND DATE THE FORM BELOW.**

**COMPLAINANT'S SIGNATURE**

**DATE**

**MAIL COMPLAINT FORM TO:**

Town of Franklin  
Title VI Coordinator  
PO Box 1479  
Franklin, NC 28744  
828-524-2516

**FOR OFFICE USE ONLY**

Date Complaint Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Referred to: \_\_\_\_\_

Date Referred: \_\_\_\_\_