

**COLORADO DEPARTMENT OF TRANSPORTATION
TITLE VI INTAKE FORM**

Intake date

THIS SECTION FOR INVESTIGATOR USE ONLY

- Complaint Accepted
 Complaint Not Accepted, reason:

Interviewer Name and Title

Date of initial contact

T6

Date referred to EO Headquarters

Non T6, non-referral

Complainant information

Name		Home phone	Work phone
Address			Zip code
Birth date	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race/ethnicity	
Job Title		Employer	
Region <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> HQ		Number/location of project	

NAME(S) AND ADDRESS/PHONE NUMBER OF PERSON OR PERSON(S) OR ORGANIZATION YOU BELIEVE DISCRIMINATED AGAINST YOU:

MY COMPLAINT INVOLVES THE ISSUE(S) OF: [Check all issue(s) and list dates of occurrences]

ISSUE	DATE OF OCCURRENCE	DATE OCCURRENCE DISCOVERED	ISSUE	DATE OF OCCURRENCE	DATE OCCURRENCE DISCOVERED
<input type="checkbox"/> Denied or delayed benefits			<input type="checkbox"/> Refused hire or contract		
<input type="checkbox"/> Denied equal services			<input type="checkbox"/> Refused interview		
<input type="checkbox"/> Excluded from participation			<input type="checkbox"/> Refused oppty to bid		
<input type="checkbox"/> Employment issues			<input type="checkbox"/> Restricted privileges		
<input type="checkbox"/> Forced off job			<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Improper/incorrect pay			<input type="checkbox"/> Unequal Treatment		
<input type="checkbox"/> Refused application			<input type="checkbox"/> Other (please explain*)		

* Attach additional sheets if necessary

I feel this discriminatory or unfair treatment was taken against me because of my:

Race/color Gender National Origin Income
 Retaliation related to discrimination
 Other (explain)

What reason(s) do you believe will be given for the action(s) taken against you?

List WITNESSES and indicate their direct knowledge of your issues:

1. Name	Address
Phone Number	Relationship to complainant

Direct knowledge

2. Name	Address
Phone Number	Relationship to complainant

Direct knowledge

3. Name	Address
Phone Number	Relationship to complainant

Direct knowledge

What remedy do you seek as a result of filing this complaint?

Equal benefits Equal Opportunities Equal Terms and conditions
 Other (be specific)

Complainant's statement (here or attached) Briefly explain what happened and how you were discriminated against. Be sure to include how other people were treated differently than you. Attach any written material related to your case.

Complainant's signature	Date
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