Discrimination Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Civil Rights and Business Resource Center at (800) 925-3247.

Name__________________________________________________________
Address___________________________________City______________Zip___________
Phone: Home_________________ Work______________Mobile___________________
Email: _____________________________________________________________________

Basis of Complaint (check all that apply):
Race ☐ Age ☐
Color ☐ Disability ☐
National Origin ☐ Retaliation ☐
Sex/Gender ☐

Are you a CDOT employee? Yes ☐ No ☐

Is this complaint against CDOT and/or a CDOT employee? Yes ☐ No ☐

Who discriminated against you?
Name__________________________________________________________
Name of Organization___________________________________________________
Address___________________________________City______________Zip___________
Telephone________________________________________________________

How were you discriminated against? (Attach additional pages if more space is needed)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Where did the discrimination occur?

Updated January 2020
Dates and times discrimination occurred?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Were there any other witnesses to the discrimination?

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<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
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How would you like to see this situation resolved?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

Have you filed your complaint, grievance, or lawsuit with any other agency or court?
Who ___________________________ When ___________________________
Status (pending, resolved, etc.) ___________________________
Result, if known ___________________________
Complaint number, if known ___________________________

Do you have an attorney in this matter?
Name ___________________________ Phone ___________________________
Address ___________________________ City ___________________________ Zip ___________________________

Signed ___________________________ Date ___________________________
Complaints may be submitted via email, fax or in person to one of the following:

**Civil Rights & Business Resource Center**  
Title VI Coordinator  
2829 W. Howard Pl., 1st Floor  
Denver, CO 80204  
dot_civilrights@state.co.us  
Phone: (800) 925-3427
Fax: (303) 952-7088

**CDOT Region 1 Civil Rights Office**  
Regional Civil Rights Manager  
2829 W. Howard Pl., 1st Floor  
Denver, CO 80204  
Phone: (303) 757-9385
Fax: (303) 365-7033

**CDOT Region 2 Civil Rights Office**  
Regional Civil Rights Manager  
905 Erie Ave.  
Pueblo, CO 81002  
Phone: (719) 546-5432
Fax: (719) 562-5525

**CDOT Region 3 Civil Rights Office**  
Regional Civil Rights Manager  
222 South 6th St.  
Grand Junction, CO 81501-2769  
Phone: (970) 683-6227
Fax: (970) 683-6210

**CDOT Region 4 Civil Rights Office**  
Regional Civil Rights Manager  
10601 W. 10th Street  
Greeley, CO 80634  
Phone: (970) 350-2107
Fax: (970) 350-2178

**CDOT Region 5 Civil Rights Office**  
Regional Civil Rights Manager  
3803 N. Main Ave.  
Durango, CO 81301  
Phone: (970) 385-1403
Fax: (970)385-1429

Complaints may also be filed directly with one of the following agencies:

**Federal Highway Administration, Colorado Division**  
12300 West Dakota Avenue, Suite 180  
Lakewood, Colorado 80228  
Phone: (720) 963-3000
Fax: (720) 963-3001

**Federal Transit Administration**  
Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor - TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Phone: (888) 446-2511  