



WYOMING DEPARTMENT OF TRANSPORTATION

5300 Bishop Boulevard
Cheyenne, WY 82009
E-152 2/22



EXTERNAL TITLE VI COMPLAINT FORM

Please be as specific and detailed as possible. Attach separate paper and/or documentation, if applicable.

Complainant Name:		Date of Complaint:	
Phone Number:		Email address:	

Which of the following employment action(s) were taken against you? (click on only those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Discharged | <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Wage Related * |
| <input type="checkbox"/> Racial Profiling | <input type="checkbox"/> Retaliation ** | <input type="checkbox"/> Denied Religious Accommodation |
| <input type="checkbox"/> Harassed/Intimidated | <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Denied Disability Accommodation |
| <input type="checkbox"/> Other (please specify): _____ | | |

Actions marked with * and ** require more information, please complete below

**** If you marked *retaliation*, was it because you:**
(please indicate to the right)

- Filed a complaint of discrimination
- | | |
|---|------------------------------|
| <input type="checkbox"/> Gave testimony or other participated in a discrimination investigation | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Opposed or objected to discrimination | |
| <input type="checkbox"/> Other _____ | |

Do you believe that you have been discriminated against?

YES NO

If YES above, please check the category(ies) below which apply and specify next to your selected category(ies).

- | | |
|--|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Sex/Gender _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Creed _____ |
| <input type="checkbox"/> Disability _____ | <input type="checkbox"/> Age (40 and over) _____ |

Have you filed with the EEOC?

YES NO

If no, did you file with another entity?

YES NO

If YES above, please specify the entity:

Name of respondent (person and/or company that complaint is filed against):

Date of Alleged Incident:		Incident Location:	
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Describe in detail the nature of your complaint, including the names of individuals involved and any witnesses.

Please describe how the incident has affected your ability to work effectively.

What actions could the company take in order to effectively deal with your complaint?

Give any additional comments that may be helpful in dealing with the complaint.

Declaration: I declare, under penalty of perjury, that the foregoing information in my complaint is true and correct.

Complainant Signature: _____

Date: _____

FOR OFFICE USE ONLY

VS. _____ <i>(Respondent)</i> _____ <i>(Complainant)</i>	Date Filed: _____ Date Resolved: _____
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