TITLE VI/NONDISCRIMINATION COMPLAINT FORM SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION

Check what you believe to be the basis for the discrimination against you, such as race, sex or national origin. If you think that was more than one basis, more than one basis may be checked. You may also check more than one race/ethnic category.

I belie	eve I was (or continue to be) discriminated against beca	ause of	the following basis:	
	Race		Hispanic or Latino	
	Color		American Indian or Alaska Native	
	Religion		Black or African American	
	Sex Male Female		Native Hawaiian or Other Pacific Islander	
	National Origin		Asian	
	Other: Please Explain:		White	
Was a complaint filed with any other agency? If yes, please list the name of the agency or agencies below: Name(s) of department employees or programs/offices involved in discrimination and/or harrassment:				
Name	e(s) of any witnesses:			

Explain specific complaint:

(explain in your own words what happened, the date(s) incidents occurred, who was involved, etc. Use backside of page for additional space or attach a separate sheet if needed. Please state the date(s) the incidents occurred or when the last incident occurred. All complaints need to be filed within 180 days of the last occurrence of discrimination and/or harassment.)

NAME	HOME PHONE		
ADDRESS			
	WORK/CELL PHONE		
SIGNATURE	DATE		
DOT USE ONLY			
DOT OFFICE DA	E COMPLAINT RECEIVED		
DATE COMPLAINT REFERRED TO FEDERAL A	AGENCY		
AGENCY THE COMPLAINT REFERRED TO			
DATE INVESTIGATED	DATE COMPLETED		
RESULTS:			
June D. Hansen, Civil Rights Compliance Officer South Dakota Department of Transportation	DATE		

What are you hoping will result from this complaint?