



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 Morehead City'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: <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> LIMITED ENGLISH PROFICIENCY <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> SEX <input type="checkbox"/> INCOME LEVEL <input type="checkbox"/> 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: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Morehead City 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.

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

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:

Town of Emerald Isle
Title VI Coordinator
7500 Emerald Dr
Emerald Isle, NC 28594
252-354-3424

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Referred to: _____

Date Referred: _____