



**Maine Department of Transportation
External Discrimination Complaint Form
For Federal Motor Carrier Safety Agency**

(Title VI/Nondiscrimination and ADA/Section 504 Complaints)

Name	Phone	Name of Person(s) That Discriminated Against You	
Address		Location and Position of Person (If Known)	
City, State, Zip		City, State, Zip	
Agency involved		Date of Alleged Incident	
Discrimination Because of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> income status <input type="checkbox"/> Limited English Proficiency	What Remedy are you requesting?	
Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also Attach Any Written Material Pertaining To Your Case.			
Signature		Date	

Please Mail Complaint to:

**Maine Department of Transportation
Civil Rights Office
16 State House Station
Augusta, Maine 04333-0016
Or Call (207) 624- 3042 or TYY Relay 711**