WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
EQUAL EMPLOYMENT OPPORTUNITY DIVISION

TITLE VI
COMPLAINT FORM

If this allegation is in regards to employment discrimination, please contact one of the following agencies:

WV Human Rights Commission
1321 Plaza East Room 108A
Charleston, WV 25301-1406
(304) 558-2616
(888)676-5546
(304)558-0085 Fax

Equal Employment Opportunity Commission
William S. Moorhead Federal Building
1000 Liberty Ave. Suite 1112
Pittsburgh, PA 15222
(800)669-4000

Which of the following best describes why you believe you were discriminated against or harassed? ☐ Age (40 & Above) ☐ Race ☐ Color ☐ Disability ☐ National Origin ☐ Sex

Complainant's Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number : _____ Work Telephone Number : _____

Other Contact Number: _____

Person(s) discriminated against if different from above:

Name(s): _____

_____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number : _____ Work Telephone Number : _____

Other Contact Number: _____

Name of agency, department or program that you believe discriminated against you:

Agency or Department:_____

Name of Individual(s):_____

Address: _____

City: _____State:_____Zip:_____

Home Telephone Number : _____Work Telephone Number : _____

Other Contact Number: _____

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper if necessary):

List the names and contact information of persons who may have knowledge of the alleged discrimination:

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? If so, please list in which agencies and courts you have filed this complaint: