

MISSOURI DEPARTMENT OF TRANSPORTATION

DISCRIMINATION COMPLAINT

DATE COMPLAINT RECEIVED _____

MODOT ORG CODE _____

COMPLAINANT

PROJECT

NAME _____

COUNTY _____

ADDRESS _____

ROUTE _____

CITY, STATE _____

FED AID PROJ NUMBER _____

TELEPHONE NUMBER _____

JOB NUMBER _____

CONTRACTOR _____

SUBJECT PARTY OR PARTIES

NAME _____

NAME _____

TITLE _____

TITLE _____

TELEPHONE NO. _____

TELEPHONE NO. _____

OTHER AGENCIES RECEIVING COMPLAINT

DATE OF ALLEGED DISCRIMINATROY ACTION(S) _____

BASIS FOR COMPLAINT

RACE

RELIGION

GENDER

DISABILITY

AGE

SEXUAL HARASSMENT

ENVIRONMENT

OTHER

(Explanation of the event or circumstances)

COMPLAINANT'S SIGNATURE _____

DATE _____

DISTRIBUTION: SUBMIT BY EMAIL TO YOUR PROJECT OFFICE CONTACT. PROJECT OFFICE - DISTRIBUTE ELECTRONICALLY TO ECR AND CONTRACT FILE