



# INDIANA DEPARTMENT OF TRANSPORTATION

*Driving Indiana's Economic Growth*

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**Mitchell E. Daniels, Jr., Governor**  
**Michael W. Reed, Commissioner**

## External Complaint of Discrimination

### Complainant Information:

Name:	Telephone Number:	
	W ( )	H ( )
Address:		
City:	State:	Zip Code:

### Name, title and address of person you believe discriminated against you:

Name:	Telephone Number:	
	W ( )	H ( )
Title:		
Address:		
City:	State:	Zip Code:

When was the last alleged discriminatory act? (MM/DD/YEAR) \_\_\_\_\_

The alleged discrimination was based on:

- Race             Color             Age             Gender  
 National Origin    Disability        Ancestry      Religious Affiliation

The issue(s) involved was:

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Describe the alleged act(s) of discrimination. (Use additional pages if necessary)

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What corrective action do you want taken on your behalf? \_\_\_\_\_

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Have you filed a complaint alleging the same discrimination with another state or federal agency?

- Yes                       No

If yes, with what agency? \_\_\_\_\_

Signature

Date