



VHB Discrimination Complaint Form

FIRST AND LAST NAME	MAILING ADDRESS
PHONE NUMBER	E-MAIL
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Opt Out	RACE/ETHNICITY <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> White <input type="checkbox"/> Other _____

ALLEGED DISCRIMINATION TYPE (CHECK ONE AND CITE SPECIFIC PROTECTED GROUP(S)) <input type="checkbox"/> Title VI of the Civil Rights Act of 1964 ("Title VI") Specific protected group _____ (must be Race, Color or National Origin) Identify how the allegation(s) involves a project program, service and activity receiving Federal-aid: <input type="checkbox"/> Title VII of the Civil Rights Act of 1964 ("Title VII") Specific protected group _____ <input type="checkbox"/> Other applicable local, state, or federal laws, rules, or regulations Specific protected group _____
TYPE OF INVESTIGATION REQUESTED <input type="checkbox"/> I request an Informal Investigation <input type="checkbox"/> I request a Formal Investigation (Title VI only) (see VHB's Discrimination Complaint Resolution Process for filing formal complaints related to Title VII or other applicable local, state, or federal laws, rules, or regulations.)
HOW WERE YOU DISCRIMINATED AGAINST? PLEASE EXPLAIN YOUR COMPLAINT AS CLEARLY AS POSSIBLE. INCLUDE HOW OTHER PERSONS WERE TREATED DIFFERENTLY. USE ADDITIONAL SHEET(S) IF NECESSARY. ATTACH SUPPORTING DOCUMENTS IF AVAILABLE.
IDENTIFY THE NAME, JOB TITLES AND OFFICE LOCATIONS OR ADDRESSES OF INDIVIDUALS PERCEIVED AS RELEVANT PARTIES TO THIS ISSUE.
DATE(S) AND PLACE(S) OF THE ALLEGED DISCRIMINATORY ACTIONS(S). PLEASE INCLUDE THE EARLIEST DATE OF DISCRIMINATION AND THE MOST RECENT DATE(S) OF DISCRIMINATION.
NAME(S) OF PERSON(S) WHO MAY BE CONTACTED FOR ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY YOUR COMPLAINT.



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PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN INVESTIGATING THIS MATTER.

BRIEFLY EXPLAIN WHAT ACTION YOU ARE SEEKING.

THE LAW PROHIBITS INTIMIDATION OR RETALIATION AGAINST ANYONE BECAUSE THEY HAVE EITHER TAKEN ACTION OR PARTICIPATED IN ACTION, TO SECURE RIGHTS PROTECTED BY THE LAWS. IF YOU FEEL THAT YOU HAVE BEEN RETALIATED AGAINST SEPARATE FROM THE DISCRIMINATION ALLEGED ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCES BELOW. DESCRIBE THE ACTION YOU TOOK WHICH YOU BELIEVE WAS THE CAUSE FOR THE ALLEGED RETALIATION.

SIGNATURE

DATE

Please email this Complaint Form to Elizabeth Bennett, VHB Anti-Discrimination Program Coordinator, ebabennett@VHB.com

FOR OFFICIAL USE ONLY

DATE COMPLAINT RECEIVED

REFERRED TO

REFERRED TO DATE

SUMMARY OF INVESTIGATION & ACTIONS TAKEN TO ADDRESS ALLEGED DISCRIMINATION

FORMAL TITLE VI COMPLAINTS ONLY (YES/NO)

Was a Formal Complaint filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant? **Yes** _____ **No** _____

Formal Complaint was filed with applicable state or federal agency (e.g., VHB's DOT Client) **Yes** _____ **No** _____

APPLICABLE AGENCY

DATE FILED