

Idaho Transportation Department



Discrimination Complaint Form

Name	Phone	Name of Person(s) or Agency that discriminated against you
Your Address—Street, (PO Box), City, State, Zip		Name, Address and Position of Person (if known)
Discrimination Because of: <input type="checkbox"/> Race/Color <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> National Origin		Date of Alleged Incident
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Describe the corrective action you are seeking. Also attach any written material pertaining to your case.		
Signature		Date