

Title VI Complaint Form City & County of Honolulu Department of Transportation Services

This form is intended to assist individuals with the submittal of information concerning complaints under Title VI/related statutes, which prohibit individuals from being excluded from participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, sex, disability, or age, under any program or activity receiving Federal assistance.

- Complainants are not required to use this form; a letter that includes the same information is sufficient.
- Employees may use the internal complaint process for complaints filed under Title VI/related statutes.
- Individuals with disabilities or limited English proficiency may request, if needed, assistance with completing this complaint form and during the complaint process. Upon request, complaints in alternate formats will also be accepted.

Completed complaint forms/letters should be received by the Department of Transportation Services within 60 days of the date of alleged discrimination; and within 180 days of the date of alleged discrimination for complaints involving FHWA-assisted programs/projects.

Complainant's Printed Name	Email Address
Mailing Address	Daytime Phone No.

I believe that I experienced discrimination based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Age

➤ **NAME of the person, program, service, or activity that you believe discriminated against you:**

➤ **WHEN did the alleged discrimination occur?**

➤ **WHERE did the alleged discrimination occur?**

➤ **EXPLAIN the events that have caused you to believe that you have experienced discrimination:**

You may use the reverse side of this form or attach additional sheet(s) to provide relevant information, if needed.

Complaint Form Submitted By	Signature of Complainant/Representative	Date
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- Submit the completed Title VI Complaint Form (or the same information in a letter or in an alternate format) to the Title VI Coordinator, Department of Transportation Services, 650 South King Street, 3rd Floor, Honolulu, HI 96813 ; OR
- Mail the completed Title VI Complaint Form/letter to the City's Equal Opportunity Office, 925 Dillingham Blvd., Suite 180; Honolulu, HI 96817, for referral to the Department of Transportation Services for processing.

For Official Use	Title VI Complaint Form Received By	Date of Receipt
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