



## Discrimination Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Civil Rights and Business Resource Center at (800) 925-3247.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

***Basis of Complaint (check all that apply):***

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

Are you a CDOT employee? Yes  No

Is this complaint against CDOT and/or a CDOT employee? Yes  No

***Who discriminated against you?***

Name \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

***How were you discriminated against? (Attach additional pages if more space is needed)***

---

---

---

---

---

---

---

---

---

---

***Where did the discrimination occur?***

---



---



---



---

**Dates and times discrimination occurred?**

---



---



---



---

**Were there any other witnesses to the discrimination?**

Name	Organization/Title	Work Telephone	Home Telephone

**How would you like to see this situation resolved?**

---



---



---



---



---

**Have you filed your complaint, grievance, or lawsuit with any other agency or court?**

Who \_\_\_\_\_ When \_\_\_\_\_  
 Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_  
 Complaint number, if known \_\_\_\_\_

**Do you have an attorney in this matter?**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

<b>Signed</b> _____	<b>Date</b> _____
---------------------	-------------------

**Complaints may be submitted via email, fax or in person to one of the following:**

**Civil Rights & Business Resource**

**Center** Title VI Coordinator  
2829 W. Howard Pl., 1st Floor  
Denver, CO 80204  
[dot\\_civilrights@state.co.us](mailto:dot_civilrights@state.co.us)  
Phone: (800) 925-3427  
Fax: (303) 952-7088

**CDOT Region 1 Civil Rights Office**

Regional Civil Rights Manager  
2829 W. Howard Pl., 1st Floor  
Denver, CO 80204  
Phone: (303) 757-9385  
Fax: (303) 365-7033

**CDOT Region 2 Civil Rights Office**

Regional Civil Rights Manager  
905 Erie Ave.  
Pueblo, CO 81002  
Phone: (719) 546-5432  
Fax: (719) 562-5525

**CDOT Region 3 Civil Rights Office**

Regional Civil Rights Manager  
222 South 6th St.  
Grand Junction, CO 81501-2769  
Phone: (970) 683-6227  
Fax: (970) 683-6210

**CDOT Region 4 Civil Rights Office**

Regional Civil Rights Manager  
10601 W. 10th Street  
Greeley, CO 80634  
Phone: (970) 350-2107  
Fax: (970) 350-2178

**CDOT Region 5 Civil Rights Office**

Regional Civil Rights Manager  
3803 N. Main Ave.  
Durango, CO 81301  
Phone: (970) 385-1403  
Fax: (970) 385-1429

**Complaints may also be filed directly with one of the following agencies:**

**Federal Highway Administration, Colorado Division**

12300 West Dakota Avenue, Suite 180  
Lakewood, Colorado 80228  
Phone: (720) 963-3000  
Fax: (720) 963-3001

**Federal Transit Administration**

Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor - TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Phone: (888) 446-2511

<https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta>