



Vendor Discrimination Complaint Form

Mail the signed form to:

City of Austin, Small & Minority Business Resources Department

4201 Ed Bluestein Blvd, Austin TX 78721 or PO Box 1088, Austin TX 78767-1088

You may also fax to 512/974-7609.

Last Name		First Name	
Mailing Address		City	State ZIP
Telephone	Alternate Telephone		Email Address
Please indicate the basis of your complaint:			
<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	
<input type="checkbox"/> Color	<input type="checkbox"/> Gender	<input type="checkbox"/> Disability	
Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.			
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).			
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.			
Names of individuals responsible for the discriminatory action(s): (Who do you believe discriminated against you? Include the name, address, and phone number of the individual or organization you believe you were discriminated by.)			
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary).			
	Name	Address	Telephone
1.			
2.			
3.			
4.			

<p>Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply:</p> <p><input type="checkbox"/> U.S. Department of Transportation</p>
<input type="checkbox"/> Federal Highway Administration
<input type="checkbox"/> Federal Transit Administration
<input type="checkbox"/> Federal Aviation Administration
<input type="checkbox"/> Office of Federal Contract Compliance Programs
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission
<input type="checkbox"/> U.S. Department of Justice
<input type="checkbox"/> Other
<p>Have you discussed the complaint with any SMBR or COA representative? If yes, provide the name, position, and date(s) of discussion.</p>
<p>Briefly explain what remedy, or action, you are seeking for the alleged discrimination.</p>
<p>Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.</p>

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature

Date

FOR OFFICE USE ONLY			
Date Complaint Received:		Processed by:	
Case #:			
Referred to:		Date Referred:	
<input type="checkbox"/> USDOT	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA
<input type="checkbox"/> OFCCP	<input type="checkbox"/> US EEOC	<input type="checkbox"/> USDOJ	<input type="checkbox"/> Other