

CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM

The Near Northwest Management District (NNMD) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, or disability, as provided by Title VI of the Civil Rights Act of 1964 and the American with Disabilities Act (ADA), as amended. Civil Rights complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Civil Rights Coordinator by calling 713-895-8021. The completed form must be returned to the Near Northwest Management District, 6600 Antoine, P.O. Box 391, Houston, TX 77091.

Your Name:	Phone:
Street Address:	Email:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place?

- Race
- Limited English Proficiency
- Other
- Color
- Disability (ADA)
- National Origin

Date of Incident: _____

Name/ID of Individuals Involved: _____

Vehicle ID/Route Name: _____

Please describe the alleged discrimination incident. Provide the names and title of all NNMD employees involved if available. Explained what happened and whom you believe was responsible. Please use the back of this form if additional space is required.
