

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, 7603 Antoine Drive, Houston, TX 77088.

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.

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
If so, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____ Phone: _____

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____ Phone: _____

Complainants Signature: _____ Date: _____

Print or Type Name of Complainant

Date Received:
Review By: