KANSAS DEPARTMENT OF TRANSPORTATION
COMPLAINT FORM

Name: _______________________________________
Address: ______________________________________
City & Zip: ______________________________________

Cause of Discrimination (check one):
- Race
- Color
- National Origin
- Disability
- Religion
- Age
- Sex
- Income

Who discriminated against you?
Name: __________________________________________________________________________________________
Title: __________________________________________________________________________________________
Employer: _________________ ________________________________________________________________________
Project: _________________________________________________________________________________________
Date(s) of Discrimination: _________________________________________________________

Explain the problem:

What would be a reasonable settlement of your charge?

I swear that the charge as listed is true to the best of my knowledge, information and belief.

________________________________________  ______________________________
(Signature)  (Date)

__________________  ________________________
(County)  (State)

SUBSCRIBED AND SWORN TO before me this __________ day of ___________________________ 20________.
My commission expires ______________, 20________. Notary Public.

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