## **EQUAL OPPORTUNITY STATEMENT**

The Virginia Department of Transportation (VDOT) is committed to ensuring equal opportunity. The Civil Rights Division and the district Civil Rights offices are responsible for investigating discrimination complaints. Civil Rights professionals continuously receive extensive training in equal opportunity laws and regulations. This includes civil rights legislation, the Americans with Disability Act (ADA) of 1990, and Civil Rights Act of 1991.

#### **COMPLAINT PROCEDURES**

## Who can file a complaint?

• If you believe you have been discriminated against in employment because of your race, disability, national origin, religion, sex, age, sexual harassment, political affiliation, color, retaliation, genetic information or Veteran's status, you have a right to file a complaint. Anyone wishing to file a formal complaint with a VDOT Civil Rights office should submit the complaint, in writing, or on the Discrimination Complaint Form available from the Civil Rights Division or a district Civil Rights office.

#### How do I file a complaint of discrimination?

 You may contact a District Civil Rights office or the Civil Rights Division to obtain a complaint form or you may file a discrimination complaint by using the on-line complaint form available on insidevdot/C7/Civil%20Rights/default.aspx.

#### What do I need to include in my complaint?

- Your name, address and telephone number;
- A description of the alleged discriminatory act(s) in sufficient detail to enable Civil Rights to understand what occurred, when it occurred, and the basis for the alleged discrimination (race, disability, national origin, religion, sex, age, sexual harassment, political affiliation, color, retaliation, genetic information or Veteran's status).
- You may be asked to provide additional information about the alleged discrimination.
- When the investigation is completed, you will receive written notification of the findings.

## When do I need to file?

• You need to file your complaint within 180 calendar days of the alleged discrimination.

## How promptly will Civil Rights respond to my complaint?

 Within 15 days, Civil Rights will contact you in writing or by telephone.

## What is Civil Right's role during the complaint process?

• Civil Right's role is to be a neutral fact-finder with the objective of achieving a prompt and equitable resolution of the complaint.

#### WHERE DO I FILE MY COMPLAINT?

**Central Office Civil Rights Division** 

804-786-2085 1401 East Broad Street Richmond, VA 23219

**Bristol District Civil Rights Office** 

276-669-9907 870 Bonham Road Bristol, VA 24201

**Salem District Civil Rights Office** 

540-387-5391 731 Harrison Ave Salem, VA 24153

Lynchburg District Civil Rights Office

434-856-8168 4219 Campbell Avenue (Route 501) Lynchburg, VA 24501

**Richmond District Civil Rights Office** 

804-524-6091 2430 Pine Forest Drive Colonial Heights, VA 23834

**Hampton Roads District Civil Rights Office** 

757-925-2417 1700 North Main St. Suffolk, VA 23434

**Fredericksburg District Civil Rights Office** 

540-899-4562 87 Deacon Rd Fredericksburg, VA 22405

**Culpeper District Civil Rights Office** 

540-829-7523 1601 Orange Road Culpeper, VA 22701

Staunton District Civil Rights Office

540-332-7888 811 Commerce Road Staunton, VA 24402-2249

**Northern Virginia District Civil Rights Office** 

703-383-8368 4975 Alliance Drive Fairfax, VA 22030



#### For additional copies, contact: Virginia Department of Transportation

Civil Rights Division 1401 East Broad Street Richmond, VA 23219

Telephone: (804) 786-2085 Toll Free: (888) 508-3737 TTY/TDD: 711

Fax: (804) 371-8040

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# **CIVIL RIGHTS DIVISION**



# How to file a Discrimination Complaint





# COMPLAINT OF DISCRIMINATION FORM

(Complaints must be filed within 180 days of the alleged discrimination)

Address: City/State/Zip Code: Day Telephone:	
IF EMPLOYED (Current/Previously) BY VDOT:  Work Unit Assigned: Date of Hire:	
Work Unit Assigned: Date of Hire:	
Current Position: Date in Position:	
INDIVIDUAL & VDOT WORK UNIT WHICH YOU BELIEVE HAS DISCRIMINATED: Individual's Name: Work Unit:	
CATEGORY OF DISCRIMINATION: (Injured party was discriminated against because of: Check ALL that apply):	
□ Race or Color □ Disability □ National Origin □ Religion □ Sex □ Age	
☐ Genetics ☐ Political Affiliation ☐ Retaliation ☐ Veteran's Status ☐ Sexual Harassment	
NATURE OF COMPLAINT: When did this discrimination occur? (Date)	
Have efforts been made to resolve this complaint through the Grievance Procedure?	
If "yes" what is the status of the grievance?	
Has this complaint also been filed with a Federal, State or local civil rights agency? ☐ Yes ☐ No	
If yes, please provide: Agency:	
Contact person: Date Filed:	
What relief do you want?	
I affirm that the above information is true to the best of my knowledge and belief.  Signature:  Date:	

Filing with this office does not preclude you from filing with the State Office of Equal Employment Services (EES) of the Department of Human Resource Management, or the U.S. Equal Employment Opportunity Commission (EEOC). Forward the completed form to the appropriate District Civil Rights office or the Civil Rights Division in the Central Office at Virginia Department of Transportation, Civil Rights Division, 1401 East Broad Street, Richmond, VA 23219. Complaints may be submitted in person and by fax or mail.

**Telephone:** (804) 786-2085 **Toll Free:** (888) 508-3737 **Fax:** (804) 371-8040 **TTY/TDD:** 711