

**TITLE VI/NONDISCRIMINATION COMPLAINT FORM  
PRAIRIE HILLS TRANSIT**

Check what you believe to be the basis for the discrimination against you, such as race, sex, or national origin. If you think that was more than one basis, more than one basis may be checked. You may also check more than one race/ethnic category.

I believe I was (or continue to be) discriminated against because of the following basis:

- |   |  |
|---|--|
| <input type="checkbox"/> Race   | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> Color  | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Religion   | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> National Origin  | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Other: Please Explain:   | <input type="checkbox"/> White                                     |

Was a complaint filed with any other agency? \_\_\_\_\_

If yes, please list the name of the agency or agencies below:

Name(s) of department employees or programs/offices involved in discrimination and/or harassment:

Name(s) of any witnesses:

Explain specific complaint:

(explain in your own words what happened, the date(s) incidents occurred, who was involved, etc. Use backside of page for additional space or attach a separate sheet if needed. Please state the date(s) the incidents occurred or when the last incident occurred. All complaints need to be filed within 180 days of the last occurrence of discrimination and/or harassment.)

What are you hoping will result from this complaint?

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**DOT USE ONLY**

DOT OFFICE \_\_\_\_\_ DATE COMPLAINT RECEIVED \_\_\_\_\_

DATE COMPLAINT REFERRED TO FEDERAL AGENCY \_\_\_\_\_

AGENCY THE COMPLAINT REFERRED TO \_\_\_\_\_

DATE INVESTIGATED \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

RESULTS:

\_\_\_\_\_  
June D. Hansen, Civil Rights Compliance Officer  
South Dakota Department of Transportation

\_\_\_\_\_  
DATE