

Commonwealth of Puerto Rico
Department of Transportation and Public Works
Puerto Rico Highway and Transportation Authority
Civil Rights Office

**FILING A COMPLAINT FOR ACTS OF
DISCRIMINATION**

(Please use print or type. Complete the original and one (1) copy. If the person cannot read or write, a witness signature is required, indicating that they completed the information on behalf of the complainant.)

1. Name: _____
Last Name Mother's Maiden Name Name

2. Postal Address: _____

Postal Zone Telephone

3. Residential Address: _____

4. Are you currently employed? ☐ Yes ☐ No

A. If yes:

a) Office or workplace

Telephone

b) Employer's name and address

Telephone

5. Cause of discrimination

- | | | | |
|--------------------------|--------------------------|---|--------------------------|
| a. Age | <input type="checkbox"/> | h. Physical or Mental Impairment | <input type="checkbox"/> |
| b. Race | <input type="checkbox"/> | i. Married | <input type="checkbox"/> |
| c. Color | <input type="checkbox"/> | j. Veteran Status/Member of any United States Armed Forces Branches | <input type="checkbox"/> |
| d. Sex | <input type="checkbox"/> | k. Religious Beliefs | <input type="checkbox"/> |
| e. National Origin | <input type="checkbox"/> | l. Gender Identity | <input type="checkbox"/> |
| f. Political Affiliation | <input type="checkbox"/> | m. Workplace Harassment | <input type="checkbox"/> |
| g. Social Status | <input type="checkbox"/> | n. Other | <input type="checkbox"/> |

6. Describe in brief the unfair action committed against you and how the treatment you received differs from that given to others in similar conditions. (Use additional sheets if necessary.)

7. I hereby affirm that I have read the information contained in this document and that, to the best of my knowledge, understanding, and belief, it is true and accurate. I acknowledge that providing false information constitutes an illegal act.

Signature or mark of the complainant

Date