

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