

The Delaware River and Bay Authority is committed to upholding and assuring full compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, The Americans with Disabilities Act, and all related statutes. Please use form to file a complaint if you believe that you have been excused from the participation in, denied the benefits of or otherwise been subjected to discrimination on the grounds of race, color, or national origin, sex, age, or disability.

This form should be mailed within 180 days of the incident to DRBA, PO Box 71. New Castle, DE 19720. ATTN: Diversity, Equity, and Inclusion Officer or Counsel. Please make sure to provide us with your contact information to receive a response.

SECTION I: TYPE OF COMPLAINT (Grounds for Discrimination)					
Race _____	Color _____	National Origin _____	Sex: _____	Age: _____	Disability: _____
SECTION II: CONTACT INFORMATION					
Salutation [Mr./Mrs./Ms., etc.]: _____					
Name: _____					
Street Address: _____					
City State, Zip code: _____					
Phone: _____			Email: _____		
Accessible Format Requirements: _____	Large Print_ _____	TDD/Relay_ _____	Audio Recording_ _____	Other _____	
SECTION III: COMPLAINT DETAILS					
Location _____					
Date of Occurrence: _____			Time of Occurrence: _____		
Name/ID of Employee(s) or Others Involved: _____					
Mobility Aid Used (if any): _____					
If above information is unknown, please provide other descriptive information to help identify the employee: _____					
Description of Incident including names and contact information for any witnesses (if available): _____					

SECTION IV: PREVIOUS COMPLAINTS

Have you previously filed a complaint with the DRBA about this incident?	Yes _____	No _____
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Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court about this incident?

Yes _____ No _____

If yes, please identify agency and name and contact information:

SECTION V FOLLOW-UP

May we contact you if we need more details or information?	Yes _____	No _____
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What is the best way to reach you? (Choose One)	Phone	Email	Mail
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If a phone call is preferred, what is the best day and time to reach you?

SECTION VI: DESIRED RESPONSE (Choose One)

Email response _____
Telephone response _____
Response by U.S. Postal Mail _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date