

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: Director of Business Operations 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 _____ |
|--|-----------|----------|

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 _____ |
|--|-----------|----------|

|   |       |       |      |
|---|-------|-------|------|
| What is the best way to reach you? (Choose One) | Phone | Email | Mail |
|---|-------|-------|------|

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