



## Title VI and ADA Complaint Form

Form 2193  
Rev. 01/25  
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Mail the signed form to Bastrop County, Attn: Ashley Piper,  
804 Pecan St, Bastrop, Texas 78602 or fax to 512-581-7118.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Alternative Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Please indicate the basis of your complaint:

- ☐ Race \_\_\_\_\_ ☐ National Origin \_\_\_\_\_  
☐ Color \_\_\_\_\_ ☐ Disability \_\_\_\_\_

Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of individuals responsible for the discriminatory action(s):

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary).

**Name**

**Address**

**Telephone**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- ☐ U.S. Department of Transportation \_\_\_\_\_
- ☐ Federal Highway Administration \_\_\_\_\_
- ☐ Federal Transit Administration \_\_\_\_\_
- ☐ Office of Federal Contract Compliance Programs \_\_\_\_\_
- ☐ U.S. Equal Employment Opportunity Commission \_\_\_\_\_
- ☐ U.S. Department of Justice \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Have you discussed the complaint with any Bastrop County representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

**For ADA Complaints only, please provide the following information:**

If applicable, please provide a description and the exact location of the non-accessible feature.

Please provide comments, suggestions, or other information that may assist us in providing a better service to you.

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(Street Name)

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(Street Name)

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**We cannot accept an unsigned complaint. Please sign and date the complaint form below.**

Complainant's Signature

Date

FOR OFFICE USE ONLY

Date Complaint Received: \_\_\_\_\_

Case #: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Referred: \_\_\_\_\_

Referred to: ☐ USDOT ☐ FHWA ☐ FTA ☐ OFCCP ☐ Other \_\_\_\_\_