Discrimination Complaint Consent/Release Form

NOTE: This form must be submitted along with the *Discrimination Complaint Form* and any other supporting documents.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

As a complainant, I understand that in the course of an investigation it may become necessary for DARTS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DARTS to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation for having taken action or participated in action to secure rights protected by non-discrimination statutes and regulations which are enforced by the Federal Motor Carrier Safety Administration (FMCSA) of the U. S. Department of Transportation (USDOT)

Please check one:

☐ **I CONSENT** and authorize to have DARTS, as part of its investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize DARTS to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

☐ **I DENY CONSENT** to have DARTS reveals my identity to persons at the organization, business or institution under investigation. I also deny consent to have DARTS disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing DARTS to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature _____ Date _____

Submitted with this form:

☐ Discrimination Complaint Form (completed and signed)
☐ Additional information (as needed to complete this complaint)

DARTS
Attention: Transportation Director
1645 Marthaler Lane
West St. Paul, MN 55118

Phone: (651) 455-1560
Fax: (651) 234-2284