

**MDOT COMPLAINT CONSENT/RELEASE  
FORM**

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NAME

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ADDRESS (Include P.O. Box if applicable)

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CITY

STATE

ZIP CODE

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***Please read the information below, check the appropriate box, and sign this form.***

I have read the Notice of Investigatory Uses of Personal Information by the Michigan Department of Transportation (MDOT). As a complainant, I understand that in the course of an investigation it may become necessary for MDOT to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of MDOT to honor requests under the Freedom of Information Act. I understand that it may be necessary for MDOT to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by Federal Highway Administration (FHWA).

**CONSENT/RELEASE**

- CONSENT** – I have read and understand the above information and authorize MDOT to reveal my identity to persons at the organization or institution under investigation. I authorize MDOT to receive material and information about me pertinent to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.
- CONSENT DENIED** – I have read and understand the above information and do not want MDOT to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand that this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

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SIGNATURE

DATE

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