

# Federal Railroad Administration Alleged Violation Reporting Form

OMB Control No. XXXX-XXXX


Public reporting burden for this information collection is estimated to average 10 minutes per response, including the time for searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave S.E., Washington D.C. 20590.

Your submission is voluntary and anonymous unless you choose to provide us with your contact information. Choosing not to provide your contact information may affect our ability to follow up with you on the status of the investigation and may prevent us from adequately investigating the alleged violation.

If you are not comfortable submitting your report through the internet, we recommend that you submit your report by fax, letter or telephone using the information provided below.

**Telephone:** 1-202-493-6300  
**Fax:** 1-202-493-6309  
**Mail:** Report of Alleged Violation  
Federal Railroad Administration  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Our privacy policy can be viewed at <http://www.fra.dot.gov/pages/9.shtml>.

Your Name:	<input type="text"/>		
Your Email:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Preferred Contact Method:	<input type="radio"/> Email	<input type="radio"/> Phone	
Railroad or Company that Committed the Alleged Violation:	<input type="text"/>		
Type of Alleged Violation:	<input type="text" value="Select..."/>		
Date of Alleged Violation:	<input type="text"/>	 Time of Alleged Violation:	<input type="text"/>
Alleged Violation Location:	<input type="text"/>		
Please provide a description of the Alleged Violation:	<input type="text"/>		