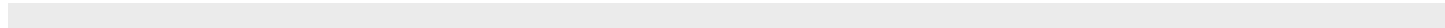


# Title VI Program Complaint Form



Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal assistance.



1. Today's Date: \_\_\_\_\_

2. Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No(s): ( \_\_\_ ) \_\_\_\_\_ / ( \_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. Person discriminated against (if someone other than Complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No(s): ( \_\_\_ ) \_\_\_\_\_ / ( \_\_\_ ) \_\_\_\_\_

4. What was the discrimination complaint based on? (check all that apply):

- Race       Color       National Origin

5. Date of alleged incident resulting in discrimination: \_\_\_\_\_

6. Describe the alleged discrimination. Explain what happened and who was responsible? If more space is needed, attach any written materials or other information that you believe supports your complaint on an additional sheet of paper.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Where did the incident take place? Provide location, bus number, HRT employee name, etc.

\_\_\_\_\_

\_\_\_\_\_

8. Witness(es) (if applicable). Please provide their contact information.

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.(s): \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.(s): ( \_\_\_\_ ) \_\_\_\_\_ / ( \_\_\_\_ ) \_\_\_\_\_

9. Did you filed this complaint with any other federal, state, or local agency or with a Federal or State court (check the appropriate space)?

Yes  No

If yes, check all that apply:

Federal agency  Federal court  State agency  State court  Local agency

10. Please provide contact information the agency/court where the complaint was filed.

Agency: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

11. If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require.

Large Print (specify size): \_\_\_\_\_  TDD  Audio  Other: \_\_\_\_\_

Signature and date required below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name \_\_\_\_\_

If you feel that you have been discriminated against, a formal complaint may be filed with HRT'S Title VI Compliance Officer within 180 days after the date of the alleged discrimination. These procedures do not deny you the right to file formal complaints with other state or federal agencies. Once completed, please mail or deliver the completed and signed form to:

Hampton Roads Transit  
Attention: Title VI Compliance Officer  
3400 Victoria Boulevard  
Hampton, VA 23661  
757-222-6000