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.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
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): (_____) _________ / (_____) _______

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

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: _____________________________

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