Title VI Complaint Form

Blacksburg Transit

Section I						
Name:						
Address:						
Telephone (Primary):		Telephon	Telephone (Secondary):			
Electronic Mail Address:						
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		Other			
Section II						
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person for whom you are complaining:						
Please explain why you have	ve filed for a third party	:				
		•				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No		
Section III						
I believe the discrimination I experienced was based on (check all that apply):						
[] Race [] C	ce [] Color [] National Origin					
Date of Alleged Discrimination (month / day / year):						
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.						

Section IV					
Have you previously filed a Title VI complaint with this agency?		Yes	No		
Section V					
Have you filed this complaint with any other Fed or State court? [] Yes [] No	eral, State, or lo	ocal agency, or w	ith any Federal		
If yes, check all that apply:					
[] Federal Agency					
Federal Court [] State Agency					
] State Court [] Local Agency					
Please provide information about a contact person at the agency/court where the complaint was filed.					
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is against:					
Contact person:					
Title:					
Telephone number:					
You may attach any written materials or other info complaint.	ormation that yo	u think is releva	nt to your		
Signature and date required below					
Signature Da	ate (month / day	/ year)			

Please submit this form in person at the address below, or mail this form to:

Attn: Title VI Coordinator 2800 Commerce Street, Blacksburg, VA 24060