

## **Title VI Complaint Procedure**

**Any individual may exercise his or her right to file a complaint with Virginia Regional Transit if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to DRPT.**

**A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.**

**Virginia Regional Transit includes the following language on all printed information materials, on the agency's website, in press releases, in public notices, in published documents, and on posters on the interior of each vehicle operated in passenger service:**

**Virginia Regional Transit is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color or national origin, as protected by Title VI in the Federal Transit Administration (FTA) Circular 4702.1B. For additional information on Virginia Regional Transit's nondiscrimination policies and procedures, or to file a complaint, please visit the website at [www.vatransit.org](http://www.vatransit.org) or contact Title VI Manager, at 1099 Brandy Knoll Court, Culpeper, VA 22701 or email [support@vatransit.org](mailto:support@vatransit.org) .**

Instructions for filing Title VI complaints are posted on the agency's website and in posters on the interior of each vehicle operated in passenger service and agency's facilities, and are also included within Virginia Regional Transit's brochure.



## Appendix B Title VI Complaint Form

<b>Section I:</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		<b>Audio Tape</b>	
	TDD		<b>Other</b>	
<b>Section II:</b>				
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 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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
<p>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.</p>				

