Title VI Complaint Form

Harrisonburg Department of Public Transportation (HDPT) Title VI Complaint Procedure is made available in the following locations: (check all that apply)

- ✓ Agency website, either as a reference in the Notice to Public or in its entirety
- Hard copy in HDPT's Administrative Office
 Available in appropriate languages for LEP populations.

This form is designed to assist you in filing a Title VI complaint with HDPT. You are not required to use this form, your complaint may be filed in any manner, such as a letter, that contains the same information. However, for HDPT to perform a complete investigation, it is important to include all of the information that this form asks for.

SECTION I: Name:				
Address:				
Home Telephone:	Cell or Alternate Telephone:			
SECTION II:				
Are you filing this complaint on your own behalf? Yes 🛛 No 🗆				
If you answered "Yes" go to Section III.				
Name of person discriminated against if other	•			
Please explain why you are filing for a third pa	arty:			
	ssion to file on this person's behalf: Yes \Box No \Box			
SECTION III: Have you filed this complaint with any other a	gency:Yes □ No □			
If you answered "Yes" please provide the follo	owing:			
Name of agency:				
Address:				
Contact Person:				
Telephone Number:				

SECTION IV:

Title VI protects members of three protected classes – Race, Color, National Origin. Please specify which protected class/classes that you feel is/are being discriminated against:

□ Race □ Color □ National Origin

SECTION V:

Program that you feel discriminated against you:					
Do you know the name of the individual?:					
If not, could you please describe the individual?:					
Please provide the following information regarding the incident:					
Date:	Time:	Bus Route/Number:	_		
Location:			_		
SECTION VI What type of harm or discrin	ninatory action was t	aken against you?			
 Service Hostile Environment If "Other", please specify: 	 Accommodation Other 				

SECTION VII:

Please provide a <u>detailed</u> description of the incident:

SECTION VIII: Were there any other witnesses to this incident?	Yes 🗆 No 🗆	
Name:		
Address:		
Telephone:		
SECTION IX: Is there any other information that you would like to this incident:	provide to assis	at us in our investigation of
SECTION X: What remedy would you like HDPT to consider?		
Signature	-	Date

NOTE: COMPLAINT WILL NOT BE ACCEPTED WITHOUT A SIGNATURE.

HDPT's Title VI Officer will investigate all complaints. At the conclusion of our investigation we will send a letter of finding to the complainant. If our investigation determines that we were not in violation of Title VI, our letter will explain why we were in compliance. If it is determined that there was a violation of Title VI, our letter will document the violation and the action that HDPT will take to become compliant.

No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by the nondiscrimination statutes we enforce. Any individual alleging such harassment or intimidation may file a complaint with HDPT or the Federal Transit Administration.

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

Harrisonburg Department of Public Transportation Grants Program Manager 475 E. Washington Street Harrisonburg, Va 22802