Title VI Complaint Form



Harrisonburg Department of Public Transportation (HDPT)

HDPT is committed to ensuring that no person is excluded from participation on or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. All comments and questions are welcome at our office.

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form in full, please contact the Grants & Compliance Officer by calling (540) 432-0492. The completed form must be returned by mail to the HDPT Office c/o Grants & Compliance Officer, 475 East Washington Street, Harrisonburg, VA, 22802.

<u>NAME</u>

PHONE NUMBER(S)

STREET ADDRESS

CITY, STATE, ZIP CODE

PERSON DISCRIMINATED AGAINST (If Different Person)

CONTACT INFORMATION

Which best describes the reason for the alleged discrimination? (Circle one) Race Color National Origin (Limited English Proficiency) Date of Incident:



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	(HDPT)

Please describe the alleged discrimination incident. Provide names and title of all HDPT employees involved if available. Please provide as much detail as possible: route number, date & time of day, bus number, along with names & contanct information of witnesses. Explain what happened and whom you believe was responsible. Please use the back of this form, if additional space is required.

Have you fi	led a complaint with any other federal, state or local agencies? (Circle one) Yes / No
lf so, list ag	ency / agencies and contact information below:
Agency:	
Contact Na	me:
Street Addr	ess, City, State & Zip Code:
Phone:	
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I affirm the above charge and that it is true to the best of my knowledge,

information, and belief.

Complainants Signature: Date: Print Name of Complainant: PAGE 2 OF 2

OFFICE USE ONLY	DATE RECEIVED:	RECEIVED BY:
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