TITLE VI /ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Title VI /ADA Compliance Officer, DRPT, 600 E. Main Street, Suite 2102, Richmond, VA 23219.

You can reach our office Monday-Friday from 8:00 am to 4:30 pm at 804.786.4440, or you can email the Virginia Department of Rail and Public Transportation (DRPT – the agency who oversees the Virginia Breeze Intercity Bus service) Title VI /ADA Compliance Officer at drptpr@drpt.virginia.gov.

Complainant’s Name:___________________________________________________________

Street Address:_______________________________________________________________

City:___________________________ State:__________________________ Zip Code:__________

Telephone No. (Home):__________________________ (Business):________________________

Email Address:__________________________

Person discriminated against (if other than complainant):
Name:___________________________________________________________

Street Address:________________________________________________________________

City:___________________________ State:__________________________ Zip Code:__________

Telephone No.:__________________________

The name and address of the agency, institution, or department you believe discriminated against you.
Name:___________________________________________________________

Street Address:________________________________________________________________

City:___________________________ State:__________________________ Zip Code:__________

Telephone No.:__________________________

Date of incident resulting in discrimination:__________________________

Identify the category of Discrimination:

Race _____  Color _____  National Origin _____  Disability _____
Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

__________________________________________________________

Does this complaint involve a specific individual(s) associated with DRPT? If yes, please provide the name(s) of the individual(s), if known.

__________________________________________________________

__________________________________________________________

Where did the incident take place?

__________________________________________________________

__________________________________________________________

Are there any witnesses? If so, please provide their contact information:
Name: ________________________________
Street Address: ____________________________
City: ____________________________ State: ____________ Zip Code: ____________
Telephone No.: ________________________________

Name: ________________________________
Street Address: ____________________________
City: ____________________________ State: ____________ Zip Code: ____________
Telephone No.: ________________________________

Did you file this complaint with another federal, state or local agency; or with a federal or state court?
☐ Yes ☐ No

If answer is Yes, check each agency complaint was filed with:
☐ Federal Agency ☐ Federal Court ☐ State Agency
☐ State Court ☐ Local Agency ☐ Other

Please provide contact person information for the agency you also filed the complaint with:
Name: ________________________________
Street Address: ____________________________
City: ____________________________ State: ____________ Zip Code: ____________
Date Filed: ________________________________
Sign the complaint in the space below. Attach any documents you believe support your complaint.

____________________  ______________________
Complainant’s Signature  Signature Date