

## RT Title VI Discrimination Complaint Form

Please print clearly or type your response into this form. You may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<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): _____				
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. _____ _____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No
<b>Section V</b>				

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please sign and send this complaint to the following address:**

Melissa Skelton,  
Title VI Coordinatr  
10 Robertson Street  
Radford, VA 24141

Additional assistance in filing this complaint may be obtained by calling Radford Transit at 540-831-5911 or by calling Day Interpreting at 813-640-3888.

A copy of this form is also available on the Radford Transit website of [www.radfordtransit.com](http://www.radfordtransit.com)

**The complainant may file a Title VI complaint directly with the Federal Transit Administrator by filing a complaint with the:**

The 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.