

## Loudoun County Transit: Title VI Complaint Form

<b>Section 1: To be completed by the person filing the complaint.</b>	
Full Name	
Mailing Address (required)	
City, State and Zip	
Day Time Phone (8:30 AM – 5:00 PM ET)	
E-Mail Address	
<b>Section 2</b>	
Are you filing this complaint on your own behalf? (Yes/No)	
<i>If you answered <b>yes</b>, go to Section 3. If you answered <b>no</b>, complete Section 2.</i>	
Please explain why you are filing on behalf of another person:	
Can you confirm that you have obtained permission of the aggrieved party to file on their behalf? (Yes/No)	
<b>Contact information for the person for whom you are submitting</b>	
Full Name	
Mailing Address	
City, State and Zip	
Day Time Phone (8:30 AM – 5:00 PM ET)	
E-Mail Address	
Relationship	

**Section 3**

I believe the discrimination was based on (check all that apply):

Race	<input type="checkbox"/>	Date of Alleged Discrimination	
Color	<input type="checkbox"/>	Date of Alleged Discrimination	
National Origin	<input type="checkbox"/>	Date of Alleged Discrimination	

Please explain as clearly as possible what happened and why you believe there is a case of discrimination. Describe all persons who were involved. Include the name and contact information of the person(s) who acted in a discriminatory manner as well as names and contact information of any witnesses. If more space is needed, feel free to attach additional pages.

**Section 4**

Have you previously filed a Title VI complaint with this agency?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	

**Section 5**

Have you filed *this* Title VI complaint with any other Federal, State, or Local Agency, or with any Federal or State court?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	

If you answered “yes”, please list any and all agencies or courts, their level(s) (e.g. federal, state, local), and their location(s):

Contact information for the agency/court where the complaint was filed.	
Full Name	
Title	
Agency	
Address	
City, State and Zip	
Phone	
E-Mail Address	
Section 6	
Name of Agency complaint is against	
Contact Person	
Title	
Phone Number	
Email Address	

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

## REQUIRED

Signature \_\_\_\_\_

Date: \_\_\_\_\_

The completed complaint form may be filed in writing and sent to:

Loudoun County Transit

Attn: Title VI Manager

P.O. Box 7100

Leesburg, Virginia 20177-7100

Or delivered to: 209 Gibson St. NW, Suite 100, Leesburg, Virginia 20176