

## Loudoun County Transit: Title VI Complaint Form

<b>Section 1</b>	
Full Name	
Address	
City, State and Zip	
Home Phone	
Cell/Other Phone	
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> to question 7, go to Section 3. If you answered <b>no</b> to question 7, complete Section 2.</i>	
Please explain why you are filing on behalf of another:	
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	
Address	
City, State and Zip	
Home Phone	
Cell/Other Phone	
E-Mail Address	
Relationship	

**Section 3**

I believe the discrimination I experienced 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 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, 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):

<b>Contact information of a contact person at an agency/court where the complaint was filed.</b>	
Full Name	
Title	
Agency	
Address	
City, State and Zip	
Phone	
E-Mail Address	
<b>Section 6</b>	
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, Virginia

Department of Transportation and Capital Infrastructure

Attn: Title VI Manager

P.O. Box 7000, MSC #69

Leesburg, Virginia 20177