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: ___________

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