

Title VI Program

Complaint Form



Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the ground of race, color, or national origin be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal assistance.”

Please fill in the **required** information, then either print and mail the completed form to the provided address **OR** attach the pdf to an email. Contact information is located at the bottom of page 2.

1 Today's Date: _____

2 Complainant's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Preferred Method of Contact (phone or e-mail): _____

3 Person discriminated against (if someone other than Complainant):

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____

4 What was the discrimination complaint based on? (check all that apply):

Race Color National Origin Other _____

5 Date of alleged incident resulting in discrimination: _____

6 Describe the alleged discrimination. Explain what happened and who was responsible? If more space is needed, attach any written materials or other information that you believe supports your complaints on an additional sheet of paper.

7 Where did the incident take place? Provide location, bus number, ART employee name/ID Number, etc.



8 Witness(es) (if applicable). Please provide their contact information.

Witness Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____

Witness Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____

9 Did you file this complaint with any other federal, state, or local agency or with a Federal or State court (check the appropriate space)?

Yes No

If yes, check all that apply:

Federal Agency Federal Court State Agency State Court Local Agency

10 Please provide contact information of the agency/court where the complaint was filed.

Agency: _____

Name/Title: _____

Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Telephone Number: _____

11 If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require.

Large Print (specify size): _____ TDD Audio Other: _____

Signature and date required below.

Signature: _____ Date: _____

Print Name: _____

If you feel that you have been discriminated against, a formal complaint may be filed with Arlington County Transit's Title VI Compliance Specialist within 180 days after the date of the alleged discrimination. These procedures do not deny you the right to file formal complaints with other state or federal agencies. **Once completed, please mail or deliver the completed and signed form to:**

Arlington County
Transit Bureau
Title VI Compliance Specialist
2100 Clarendon Blvd
Arlington, VA 22201

You may also save the completed pdf and send as an attachment to:
ART@commuterpage.com