Title VI Discrimination Complaint Form
AASC/Four County Transit
Cedar Bluff, Virginia

CASE NUMBER __________________ (office use only)

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you are not able to complete the form personally, the Title VI Compliance Officer will assist you to do so at a mutually convenient time. Please call 888-656-2272 to make your request. If the Title VI Compliance Officer assists you in completing the form, you will still need to sign it to validate the information provided.

1. Complainant’s Name __________________________________________________
   Street Address ______________________________________________________
   City, State and Zip Code _____________________________________________
   Telephone Numbers – Home (___) _________________________________
   Mobile (___) ______________________________________
   Business (___) _____________________________________________
   Email Address: ___________________________________________________

2. Person discriminated against (if someone other than the complainant)
   Name __________________________________________________________
   Street Address ___________________________________________________
   City, State, and Zip Code __________________________________________
   Telephone Number (___) __________________________________________

3. Please provide name(s), address and phone number(s) for any/all witnesses.
   Name __________________________________________________________
   Street Address ___________________________________________________
   City, State, and Zip Code __________________________________________
   Telephone Number (___) __________________________________________

   Name __________________________________________________________
   Street Address ___________________________________________________
   City, State, and Zip Code __________________________________________
   Telephone Number (___) __________________________________________

   Name __________________________________________________________
   Street Address ___________________________________________________
   City, State, and Zip Code __________________________________________
   Telephone Number (___) __________________________________________
4. Which of the following best describes the reason you believe discrimination took place? Was it because of your:

a. Race (specify why)

_____________________________________________________

b. Color (specify why)

_____________________________________________________

c. National Origin (specify why)

_____________________________________________________

d. What date(s) did the alleged discrimination take place?

_____________________________________________________

(Must be within the past 180 days)

5. In your own words, describe the alleged discrimination. Include vehicle number if appropriate. Please completely and as clearly as you can, explain what happened, and whom you believe was responsible.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Use more sheets or the back of this page, if needed)

6. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _________ Yes _________ No

If yes, check all that apply:

€ Federal agency ______________________

€ Federal court ______________________
7. Please provide information about a contact person at the other agency/court where the complaint was filed.
   Name
   ______________________________________________________________
   Street Address
   ______________________________________________________________
   City, State, and Zip Code
   ______________________________________________________________
   Telephone Number (_____) _____________________________________

8. Has a complaint been filed with the Four County Transit before?
   __________ Yes __________ No
   If yes, when? Date ______________________________________________

9. What suggestions would you give to correct this matter?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

10. Please sign and date this form below. You may attach any written materials or other information that you think is relevant to your complaint. If this form was completed by someone other than the complainant, please provide information about who assisted the citizen with this document:

    *SIGNATURE OF COMPLAINANT*                                DATE
    (REQUIRED)                                                    

    Form completed by: (print) ________________________________ Title: __________________
    (Signature) _____________________________________________