

Loudoun County Transit: Title VI Complaint Form

Section 1: To be completed by the person filing the complaint.	
Full Name	
Mailing Address (required)	
City, State and Zip	
Day Time Phone (8:30 AM – 5:00 PM ET)	
E-Mail Address	
Section 2	
Are you filing this complaint on your own behalf? (Yes/No)	
<i>If you answered yes, go to Section 3. If you answered no, 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)	
Contact information for the person for whom you are submitting	
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, Department of Transportation and Capital Infrastructure

Attn: Title VI Manager

P.O. Box 7500, MSC #64

Leesburg, Virginia 20177

Or delivered to: 101 Blue Seal Dr., Suite 102, Leesburg, Virginia 20177