

Title VI Complaint Form

Title VI Coordinator – Richmond Regional Transportation Planning Organization
 c/o PlanRVA
 9211 Forest Hill Avenue, Suite 200
 Richmond, VA 23235

Please provide the following information in order to process your complaint. Assistance is available upon request by contacting the Title VI Coordinator Monday-Friday from 8:00 a.m. to 4:30 p.m. at (804) 323-2033.

Section 1:			
Name:			
Address:			
Phone (Home):		Phone (Mobile):	
Phone (Work):		Email:	
Accessible Format Requirements? (check all that apply):			
<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section 2:			
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered "yes", go to Section III.			
If you answered "no", please supply the name and relationship of the person for whom you are filing a complaint.		Name:	Relationship:
Please explain why you have filed for a third party:			
Please confirm you have obtained the permission of the third party.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 3:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	
Date of Alleged Discrimination (MM/DD/YEAR):			
<p>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) whom discriminated against you (if known), as well as the names and contact information of any witnesses. If more space is needed, please attach pages.</p>			

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Section 4:		
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 5:		
Have you filed this complaint with any other agency or court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply.		
<input type="checkbox"/> Federal Agency:	<input type="checkbox"/> Federal Court:	
<input type="checkbox"/> State Agency:	<input type="checkbox"/> State Court:	
<input type="checkbox"/> Local Agency:		
Please provide information about a contact person at the agency or court where the complaint was filed.		
Agency/Court:		
Address:		
Contact Name:		
Title:		
Phone:		
Section 6:		
Agency the complaint is against:		
Contact Name:		
Title:		
Phone:		

You may attach any written materials or other information you think is relevant to your complaint.

Signature (required)

Date (required)

