



**TITLE VI COMPLAINT FORM**

**Petersburg Area Transit (PAT)**

PAT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator, by calling (804) 733-2452. The completed form must be returned to PAT Customer Service Office, Title VI Coordinator, 100 West Washington Street, Petersburg, Virginia 23803.

<b>Section I:</b>	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Electronic Mail Address:	
<b>Section II:</b>	
Are you filing this complaint on your own	<input type="checkbox"/> Yes* (if yes, go to Section III) <input type="checkbox"/> No
If not, please supply the name and relationship of the person for who you are filing the complaint.	
Please explain why you have filed for a third-party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third- party.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Section III:</b>	
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 <input type="checkbox"/> Other (specify) <input type="checkbox"/> American Disabilities Act	
Date of the Alleged Discrimination (Month, Day, Year):	Time of Day:

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) who discriminated against you (if known) as well as names and contact information for any witnesses. If more space is needed, please use the back of this form.

<b>Section IV:</b>	
Have you previously filed a Title VI complaint with this agency? Please explain.	<input type="radio"/> Yes <input type="radio"/> No
<b>Section V:</b>	
Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State	<input type="radio"/> Yes <input type="radio"/> No
If you have filed this complaint with another entity, please provide the information below:	
Agency:	Contact Name:
Address:	Telephone Number:
Agency:	Contact Name:
Address:	Telephone Number:

You may attach any written material or other information that you think is relevant to your complaint.  
 I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this complaint form to:  
 PAT Customer Service Office, Title VI Coordinator, 100 West Washington Street,  
 Petersburg, Virginia 23803

