

TITLE VI /ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

CAPUP Transportation Manager, 1021 Oliver Hill Way, Richmond, VA 23219.

You can reach our office Monday-Friday from 8:30 am to 5:00 pm at 804.788.0050, or you can email the Transportation Manager at geagle@capup.org

Complainant's Name:

Street Address:

City:

State:

Zip Code:

Telephone No. (Home):

(Mobile):

(Business): Email Address:

Person discriminated against (if other than complainant):

Name:

Street Address:

City:

State:

Zip Code:

Telephone No.:

The name and address of the agency, institution, or department you believe discriminated against you. Name:

Street Address:

City:

State:

Zip Code:

Date of incident resulting in discrimination:

Identify the category of Discrimination: Race ___ Color ___ National Origin ___ Disability ___

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with DRPT? If yes, please provide the name(s) of the individual(s), if known.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name:

Street Address:

City: State: Zip Code:

Telephone No.:

Name:

Street Address:

City: State: Zip Code:

Telephone No.:

Did you file this complaint with another federal, state or local agency; or with a federal or state court? Yes No

If answer is Yes, check each agency complaint was filed with:

_____Federal Agency _____Federal Court _____State Agency _____State Court
_____Local Agency _____Other

Please provide contact person information for the agency you also filed the complaint with:

Name

Street Address

City State Zip Code

Date Filed

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature _____

Signature Date _____