



BAY AGING/BAY TRANSIT

TITLE VI COMPLAINT FORM

BAY AGING/BAY TRANSIT 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. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

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 804-250-2019 ext 102. The completed form must be returned to BAY AGING/BAY TRANSIT, 111 Commerce Parkway, Warsaw, Virginia 22572.

Your Name: _____

Street Address: _____

City, State, & zip Code: _____

Phone: _____

Alt. Phone: _____

Person(s) discriminated against(if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Which of the following best describes the reason for

the alleged discrimination? (circle all that apply)

Date of Incident: _____

- Race
- Color
- National Origin (Limited English Proficiency)

Have you filed a complaint with any other Federal, State or Local Agencies? (Circle One) Yes/No

If yes, list agency/agencies and contact information below:

Agency:

Contact Name:

Street Address, City, State & Zip Code

Phone:

Agency:

Contact Name:

Street Address, City, State & Zip Code:

Phone:

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:

Print or Type Name of Complainant

BAY TRANSIT Office use only

Date Received: -----

Received By: -----