

TITLE VI PUBLIC NOTICE OF RIGHTS / COMPLAINT PROCESS
Williamsburg Area Transit Authority



Title VI Complaint Form

Complaint Form

Instructions: If you would like to submit a Title VI complaint to the Williamsburg Area Transit Authority, please fill out the form below and send it to: WATA, Attn: Title VI Coordinator, 7239 Pocahontas Trail, Williamsburg, VA 23185. For questions or a full copy of WATA's Title VI policy and complaint procedures call 757-220-5493 or email TitleVI@gowata.org.

1. Name (Complainant):		
2. Phone:	3. Home address (street no., city, state, zip):	
4. If applicable, name of person(s) who allegedly discriminated against you:		
5. Location and position of person(s) if known:	6. Date of incident:	
7. Discrimination because of:		
<input type="checkbox"/> Race/Color	<input type="checkbox"/> Sex (includes sexual harassment)	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> National origin	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Creed / religion	<input type="checkbox"/> Marital status	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Disability	<input type="checkbox"/> Age	

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Phone number:

13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

- Yes No

If yes, check all that apply:

- Federal agency Federal court State court
 Local agency State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court: Contact's Name: Address: Phone number:

Signature (Complainant):

Date of filing: