



## **Title VI Complaint Form**

The Williamsburg Area Transit Authority 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 assistance in completing this form or need further information about the Title VI program, please contact WATA by calling (757)220-5493. The completed form must be returned to WATA via email at [TitleVI@gowata.org](mailto:TitleVI@gowata.org), OR by mail to: WATA, ATTN::Title VI Coordinator, 7239 Pocahontas Trail, Williamsburg, VA 23185. **Title VI complaints must be filed within 180 days from the date of the alleged discrimination.**

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 on the basis of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
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: