

## **Title VI Complaint Form**

Greater Roanoke Transit Company/Southwestern Virginia Transit Management Company
Office of Civil Rights

GRTC 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 (540) 982-2222. The completed form must be returned to GRTC Office of Civil Rights, Title VI Coordinator, 1108 Campbell Avenue, SE, Roanoke, VA, 24013.

Your Name:	Phone:
Street Address:	Alt. Phone:
	City, State & Zip Code:
Person(s) discriminated agai	nst (if someone other than complainant):
Name(s):	
Street Address, City, State &	Zip Code:
Which of the following best of alleged discrimination that to Race Color National Origin (Limit	
	discrimination incident. If possible, provide the names and title of all what happened and who you believe to be responsible. Please use tional space is required.
	Complete reverse side of form

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Please describe the a	leged discrimination inc	cident (continued):	
If so, list agency / age	plaint with any other fed encies and contact infor		es? (Circle one) Yes / No
Agency: Street Address, City, S	State & Zin Code:	<u>Contact Name:</u> Phone:	
		- Thories	
Agency:		Contact Name:	
Street Address, City,	State & Zip Code:	Phone:	
I affirm that I have information and belie		tion and it is true to the	best of my knowledge,
Complainant (Print &	Sign):	Date:	
	Print or Type N	Name of Complainant	
	Date Received:		