

Suffolk Transit Discrimination Complaint Form

Suffolk 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 Transit Manager at (757) 514-4355.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work/Cell):	
E-mail:		
Accessible Format Required? (please specify):		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
<i>* If you selected "Yes" to this question, go to Section III</i>		
If not, please supply the name and relationship of the person for whom you are filing the complaint:		
Please explain why you are filing a complaint for a third party:		
Have you received permission from the aggrieved party you are filing for?	Yes	No
Section III:		
I believe the discrimination experienced was based upon (ex. Race, Color or National Origin):		
Date of Alleged Discrimination (month, day, year):		

Please explain, as clearly as possible, what happened and why you believe that you were discriminated against. Please name or describe all persons who were involved. Include the name and contact information of any person(s) who discriminated against you (if known), as well as names and contact information for any witnesses. If more space is needed, please use the back of this form.

Section IV:

Name of agency complaint is against (or contractor):

Contact Person:

Title:

Telephone:

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V:		
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?	Yes*	No
* If "Yes" to above, which agency(ies) or court(s)?		
* If "Yes", please provide contact information at the agency /court where the complaint was filed. If you need additional space, please use back of this form.		
Agency:		
Contact Person:		
Title:		
Address:		
Telephone:		
E-mail:		

You may also attach any written materials or other information that you think is relevant to your complaint. A signature and date are required below:

Signature

Date

Please submit this form by mail to:

Suffolk Department of Public Works
 Attn: Transit Manager
 PO Box 1858
 Suffolk, VA 23439

Filing a complaint with Suffolk Transit is voluntary. However, without the information requested above, we may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction, and if so, how we will process your complaint. You are not required to use this form. You may also write a letter and send it to the address above or email it to TitleVI@suffolkva.us.