

**TITLE VI /ADA DISCRIMINATION COMPLAINT FORM**

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Title VI /ADA Compliance Officer, Town of Bluefield/Graham Transit 427 Virginia Avenue Bluefield, VA. 24605.

You can reach our office Monday-Friday from 8:00 am to 5:00 pm at 276-322-4628, or you can email James Hampton at [hampton@bluefieldva.org](mailto:hampton@bluefieldva.org)

**Complainant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No. (Home):** \_\_\_\_\_ **(Business):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Person discriminated against (if other than complainant):**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**The name and address of the agency, institution, or department you believe discriminated against you.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of incident resulting in discrimination:** \_\_\_\_\_

**Identify the category of Discrimination:**

**Race** \_\_\_\_\_ **Color** \_\_\_\_\_ **National Origin** \_\_\_\_\_ **Disability** \_\_\_\_\_

**Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.**

---

---

---

**Does this complaint involve a specific individual(s) associated with DRPT? If yes, please provide the name(s) of the individual(s), if known.**

---

---

---

**Where did the incident take place?**

---

---

---

**Are there any witnesses? If so, please provide their contact information:**

**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_

**Did you file this complaint with another federal, state or local agency; or with a federal or state court?**

Yes  No

**If answer is Yes, check each agency complaint was filed with:**

Federal Agency  Federal Court  State Agency  
 State Court  Local Agency  Other

**Please provide contact person information for the agency you also filed the complaint with:**

**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Date Filed:** \_\_\_\_\_

**Sign the complaint in the space below. Attach any documents you believe support your complaint.**

---

**Complainant's Signature**

---

**Signature Date**