Title VI and Related Statutes Discrimination Complaint Form

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home Telephone No: (_____) _____

Work Telephone No: (_____) _____

Were you discriminated against because of:

[ ] Race [ ] National Origin

[ ] Color

[ ] Other_____

Date of Alleged Incident:_____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form.

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_____ _____

Signature Date

Please mail this form to: **Manager of Customer Communications/Title VI Coordinator**
Virginia Railway Express
1500 King Street, Suite 202
Alexandria, VA 22314
703-684-1001