



VIRGINIA RAILWAY EXPRESS TITLE VI COMPLAINT FORM

Name of Complainant	Home Telephone
Home Address (Street, City, State, Zip Code)	Work Telephone
Race/Ethnic Group	Email Address
Person discriminated against (if other than Complainant)	Home Telephone

SPECIFIC BASIS OF DISCRIMINATION (Check appropriate box (es):

Race

Color

National Origin

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. Sign below and attach any supporting documents.

Signature

Date

Did you file this complaint with another agency?

Yes No

Please mail this form to:

**Director of Rail Operations
Virginia Railway Express
1500 King Street, Suite 202
Alexandria, VA 22314
Phone: (703) 684-1001
TTY: (703) 684-0551
Fax: (703) 684-1313**