



VIRGINIA RAILWAY EXPRESS TITLE VI COMPLAINT FORM

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

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

- Race
 National Origin
 Color
 Income

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: **Manager of Operations and Customer Communications /
 Title VI Coordinator
 Virginia Railway Express
 1500 King Street, Suite 202
 Alexandria, VA 22314
 703-684-1001**