

**BRISTOL VIRGINIA TRANSIT
TITLE VI COMPLAINT FORM**

Name: _____

Address: _____

Phone Number: _____ (H) _____ (W)

Email address: _____

Have you previously filed a Title VI Complaint with the City of Bristol, Virginia?

Yes _____ No _____

If yes give date filed: _____

Have you filed this complaint with any of the following agencies?

Transit Provider _____ Department of Transportation _____

Department of Justice _____ Equal Employment Opportunity Commission _____

Federal Transit Administration _____ Other _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

Name of Agency complaint filed with: _____

Contact Person: _____ Title: _____

Telephone Number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Please sign here: _____ Date: _____

Please mail your completed form to:

Director, Human Resources
Title VI Complaint
300 Lee Street
Bristol, Virginia 24201
276-645-7354