



Title VI Complaint Form

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

I believe that I have been (or someone else has been) discriminated against on the basis of:

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.

Signature

Date

The complaint form should be downloaded and emailed to TitleVICoordinator@OmniRide.com with "Title VI complaint form" included in the subject line.

Alternatively, complaints may be mailed to:

Title VI Coordinator
Potomac and Rappahannock Transportation Commission
14700 Potomac Mills Road
Woodbridge, VA 22192