



## **TITLE VI /ADA DISCRIMINATION COMPLAINT FORM**

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Title VI /ADA Compliance Officer, Town of Altavista, 510 Main Street, Altavista, VA 24517.

You can reach our office Monday-Friday from 8:00 am to 5:00 pm at 434.369.5001, or you can email the Altavista Community Transit System (ACTS) Title VI / ADA Compliance Officer at [acts@altavistava.gov](mailto:acts@altavistava.gov).

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**Complainant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No. (Home):** \_\_\_\_\_ **(Business):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Person discriminated against (if other than complainant):**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**The name and address of the agency, institution, or department you believe discriminated against you.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of incident resulting in discrimination:** \_\_\_\_\_

**Identify the category of Discrimination:**

**Race** \_\_\_\_\_ **Color** \_\_\_\_\_ **National Origin** \_\_\_\_\_ **Disability** \_\_\_\_\_



**Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.**

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**Does this complaint involve a specific individual(s) associated with ACTS? If yes, please provide the name(s) of the individual(s), if known.**

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**Where did the incident take place?**

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**Are there any witnesses? If so, please provide their contact information:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Did you file this complaint with another federal, state or local agency; or with a federal or state court?**

Yes

No

**If answer is Yes, check each agency complaint was filed with:**

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other



**Please provide contact person information for the agency you also filed the complaint with:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

**Sign the complaint in the space below. Attach any documents you believe support your complaint.**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Signature Date**