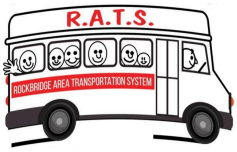


Rockbridge Area Transportation System

Title VI and ADA Complaint Form

Rockbridge Area Transportation System (RATS) is committed to ensuring no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in its programs and services on the basis of race, color, national origin (Title VI), or disability (ADA). This form may be used to file a complaint alleging discrimination on any of these bases, including complaints related to accessibility of vehicles, facilities, services, or communications.

A complaint should be filed within 180 calendar days of the date of the alleged discrimination. Please complete this form as thoroughly as possible and submit it using the contact information at the end of this form. Assistance completing this form is available free of charge upon request, including in alternative formats and languages.

Section 1: Complainant Information

Name **Date**

_____

Street AddressCity / State / ZIP

_____

Preferred Phone Number

_____

Email Address

_____

Preferred method of contact

☐ Mail ☐ Phone ☐ Email

Accessible format needed for correspondence?

☐ Large print ☐ Braille ☐ Audio/CD ☐ Other: _____

Section 2: Are you filing this complaint on your own behalf?

☐ Yes — I am the person who was discriminated against (skip to Section 4)

☐ No — I am filing on behalf of someone else (complete Section 3)

Section 3: Complainant on Behalf of Another Person

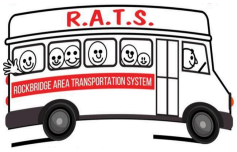
Please provide the name and relationship if you are filing on behalf of another person, and explain why the complaint is not being filed by the person themselves.

Name of Injured PartyRelationship to Complainant

_____

Please explain why you are filing on behalf of the injured party

_____



Rockbridge Area Transportation System
Title VI and ADA Complaint Form

Section 4: Basis of Complaint

I believe the discrimination I experienced was based on (check all that apply):

☐ Race

☐ Color

☐ National Origin

☐ Disability (ADA)

☐ Other (please specify): _____

Section 5: Details of the Complaint

Date of alleged discrimination

Location (route, stop, vehicle number, facility, or office, if applicable)

Name(s) and title(s) of individual(s) involved, if known

Describe what happened. Include what occurred, who was involved, and how you believe you were treated differently or denied access because of your race, color, national origin, or disability. Use additional pages if needed.

Witnesses (name and contact information, if any)

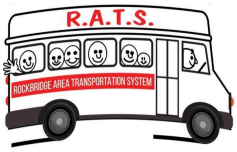
Section 6: Prior Filings

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

☐ Yes ☐ No

If yes, please provide the agency/court name and the date filed

Date filed _____



Rockbridge Area Transportation System
Title VI and ADA Complaint Form

Agency / Court Name **Contact Person**

Address **Phone**

Status / outcome of that filing (if known)

Section 7: Requested Resolution

What outcome or resolution are you seeking?

Section 8: Signature

Signing below certifies that the information provided is true and accurate to the best of your knowledge.

Signature **Date**

How to Submit This Form

Mail: Rockbridge Area Transportation System (RATS) Title VI/ADA Coordinator, 712 N. Main St., Lexington, VA 24450

Email: director@rockbridgetransportation.org

Phone: 540-463-3346 TTY/Relay: 711

You may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, East Building, 5th Floor–TCR, 1200 New Jersey Avenue SE, Washington, DC 20590, or the Federal Highway Administration, Office of Civil Rights, as applicable to the program at issue.

For office use only:

Complaint #: _____ *Date Received:* _____

Received By: _____

Assigned To: _____