



## Title VI Complaint Form

Harrisonburg Department of Public Transportation (HDPT)

HDPT is committed to ensuring that no person is excluded from participation on or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. All comments and questions are welcome at our office.

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form in full, please contact the Program Support Specialist by calling (540) 217-4783. The completed form must be returned by mail to the HDPT Office c/o Program Support Specialist, 475 East Washington Street, Harrisonburg, VA, 22802.

NAME

PHONE NUMBER(S)

STREET ADDRESS

CITY, STATE, ZIP CODE

PERSON DISCRIMINATED AGAINST (If Different Person)

CONTACT INFORMATION

Which best describes the reason for the alleged discrimination? (Circle one)

Race                      Color  
National Origin (Limited English Proficiency)

Date of Incident:

