

## Title VI And Related Statutes Discrimination Complaint Form

Name:			
Address:			
City:	State:	Zip Code:	
Home Telephone No: (	)		
Work Telephone No: (	_)		
Were you discriminated agai	nst because of:		
[ ] Race	[ ] National Orig	in	
[ ] Color			
[ ] Other			
Date of Alleged Incident:			
	lude the names and contact inf	were discriminated against. In Cormation of any witnesses. If	
Signature		Date	
Please mail this form to:	Title VI Coordinator Potomac and Rappahann	nock Transportation Commis	ssion

Potomac and Rappahannock Transportation Commission 14700 Potomac Mills Road

Woodbridge, VA 22192