



CAT Civil Rights Discrimination Complaint Form

If you think you have been discriminated against on the basis of race, color, or national origin or that you were excluded or denied service by CAT due to a disability, please fill out this form and send or email it to: Christina Downey, CAT ADA/Title VI Coordinator, 1545 Avon St. Ext., Charlottesville VA. 22902. Or email it to: downeyc@charlottesville.org

1. Name (Complainant):	2. Phone:	3. Home address (St #, city state, zip):
4. If applicable, name and title of person(s) who allegedly discriminated against you:		
5. Location of alleged event:	6. Date and time of alleged incident:	
<p>7. Discrimination based on:</p> <p> <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Other: _____ <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Veteran Status _____ </p>		
<p>8. Please describe the alleged discrimination incident. You may attach a separate sheet of paper if necessary. You should include specific details such as names, dates, times, bus and route numbers, witnesses, use of mobility devices, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.</p>		
9. Why do you believe these events occurred?		
10. How can this/these issue(s) be resolved to your satisfaction?		
<p>11. Please list below an person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):</p> <p>Name: Relationship: Address: Phone:</p>		
Signature: (complainant must sign and date)		Date: