



CAT TITLE VI Discrimination Complaint Form

If you think you have been discriminated against or denied CAT service on the basis of race, color, or national origin, please fill out this form and send or email it to: CAT Civil Rights Coordinator, 1545 Avon St. Ext., Charlottesville VA. 22902. Or email it to: downeyc@charlottesville.org

Name (Complainant):	Phone:	Home address (St #, city state, zip):
Email Address:		
Date of Incident:	Route #:	Bus #:
Time of incident:	Location of incident:	Driver Name/Description:
Discrimination based on: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Please describe the alleged discrimination incident. You may attach a separate sheet of paper if necessary. You should include all specific details that might assist in investigating the allegation. Please also provide any other documentation that is relevant to this complaint.		
11. Please list below an person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):		
<u>Name:</u>	<u>Relationship:</u>	<u>Contact Information:</u>
Signature: (<i>complainant must sign and date</i>)		Date:
CAT STAFF TAKING COMPLAINT (if called in):		DATE:

THIS FORM CAN ALSO BE DROPPED OFF AT THE DOWNTOWN TRANSIT STATION