



# Title VI Discrimination Complaint Form

Please use this form if you have a complaint alleging discrimination under Title VI of the Civil Rights Act of 1964 against the Central Virginia Planning District Commission (CVPDC), Central Virginia Transportation Planning Organization (CVTPO), or any of its programs, projects or sub-contractors.

In order to process your Title VI complaint, please provide the following information. Assistance is available upon request at the CVPDC office, Monday – Friday, 8:30 a.m. to 5:00 p.m., or by calling (434) 845-3491, or by email at [info@cvpdc.org](mailto:info@cvpdc.org).

Mail or deliver this completed form to:  
 Central Virginia Planning District Commission  
 C/O Title VI Coordinator  
 828 Main Street, 12<sup>th</sup> Floor  
 Lynchburg, VA 24503

## Central Virginia’s Metropolitan Planning Organization (CVMPO) Title VI Complaint Form

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If an authorized representative is filling out this complaint form on behalf of another person, his/her personal information must also be included.				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	

Email: \_\_\_\_\_

Relationship to the complainant: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
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**Section III:**

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

Race                       Color                       National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Time of incident (approximately): \_\_\_\_\_ Location (address) of incident: \_\_\_\_\_

As clearly as possible explain what happened and why you believe you were discriminated. Describe all persons involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section IV**

Have you previously filed a Title VI complaint with this agency?	Yes	No
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**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court \_\_\_\_\_                       State Agency \_\_\_\_\_

State Court \_\_\_\_\_                       Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
<b>Section VI</b>
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_

Signature Date

Please submit this form in person at the address below, or mail this form to:

Kelly Hitchcock, Title VI Compliance Officer  
 Central Virginia Planning District Commission  
 828 Main Street, 12th Floor Lynchburg, Virginia 24504  
 (434) 845 - 3491 [Kelly.hitchcock@cvpdc.org](mailto:Kelly.hitchcock@cvpdc.org)