

### Title VI, ADA and EEO COMPLAINT FORM

DATA ensures non-discrimination in all programs and activities, in accordance with Title VI of the Civil Rights Act of 1964, the Americans With Disabilities Act and Equal Employment Opportunity procedures.

As an Equal Opportunity Employer, DATA does not discriminate in hiring or retaining on the basis of race, color, religion, national origin, sex or sexual orientation, age, disability or any other status protected by law or regulation.

If you believe you have been discriminated against in any of these areas you may file a complaint using the attached form. Submit to James N. Larsen, Executive Director and Chief Executive Officer, 4160 Pleasant Valley Road, Suite 200, Chantilly, VA 20151. You will receive a response concerning disposition of your complaint within 60 days of receipt by DATA.

You may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights: Attention: Title VI Program Coordinator, East Building, 5th floor -TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

PLEASE PRINT

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip:
c. Telephone – Please include area code:		
Work:	Home:	Cell:
d. Electronic (e-mail) Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Accessible format of form needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD		
<input type="checkbox"/> Other (Please specify):		
3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7		
<input type="checkbox"/> No If NO, please go to Question 4		
4. If you answered NO to Question 3 above, please provide your name and address.		
a. Name of person filing complaint:		
b. Address		
c. City:	State:	Zip:
d. Telephone – Please include area code:		
Work:	Home:	Cell:
e. Electronic (e-mail) Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.		
7. I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI)		
<input type="checkbox"/> Religion <input type="checkbox"/> Gender/Sexual Orientation <input type="checkbox"/> Age		
<input type="checkbox"/> ADA <input type="checkbox"/> EEO <input type="checkbox"/> Other (please specify)		

Date of incident: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

DATA employees/contractors involved (Please include title(s) if known):

\_\_\_\_\_  
\_\_\_\_\_

Description of incident:

Signature of complainant or authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_

Please return both pages of completed for to:

James N. Larsen, Executive Director and CEO, 4160 Pleasant Valley Road, Suite 200, Chantilly, VA 20151