



Danville Parks and Recreation

www.danvilleva.gov/play

TITLE VI COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

By Mail:

Title VI Manager
Danville Parks and Recreation
P.O. Box 3300
Danville, VA 24543

By Email:

preslcj@danvilleva.gov

You can reach our office Monday-Friday from 8am to 5pm at 434-799-5216, or you can email the Parks and Recreation Title VI Manager at preslcj@danvilleva.gov.

Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Other Phone:

Email:

Are you filing this on your own behalf? **Yes** **No**

If No, complete the following information:

Name of Aggrieved Party:

Street Address:

City:

State:

Zip Code:

Phone Number:

Other Phone:

Email:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on their behalf: **Yes** **No**

The name and address of the agency, institution, or department you believe discriminated against you.

Name:

Street Address:

City:

State:

Zip Code:

Date of incident resulting in discrimination:

Identify the category of Discrimination:

Race

Color

National Origin

Disability

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with the Virginia Department of Rail and Public Transportation (DRPT)? If yes, please provide the name(s) of the individual(s), if known.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Other Phone:

Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Other Phone:

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes

No

If answer is Yes, check each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

Please provide contact person information for the agency you also filed the complaint with:

Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Date Filed:

Please sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Date