



# City of Danville

[www.danvilleva.gov](http://www.danvilleva.gov)

## 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  
Attn: City Manager's Office  
P.O. Box 3300  
Danville, VA 24543

**By Email:**

[amanda.paez@danvilleva.gov](mailto:amanda.paez@danvilleva.gov)

You can reach our office Monday-Friday from 8am to 5pm at 434-799-5100, or you can email the Title VI Manager at [amanda.paez@danvilleva.gov](mailto:amanda.paez@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