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:

Title VI Compliance Officer, Jaunt, Inc, 104 Keystone Place Charlottesville, VA 22902

You can reach our office Monday-Friday from 8:00 am to 4:30 pm at 434.296.3184, or you can email the Title VI Compliance Officer at Title6@ridejaunt.org

Complainant’s Name:__________________________________________________________

Street Address:_____________________________________________________________

City:___________________________ State:______________ Zip Code:______________

Telephone No. (Home):_______________________ (Business):_____________________

Email Address:_____________________________________________________________

Person discriminated against (if other than complainant):

Name:__________________________________________________________

Street Address:___________________________________________________________

City:___________________________ State:______________ Zip Code:______________

Telephone 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 _____
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 Jaunt, Inc? 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: __________
Telephone No.: __________________________

Name: _________________________________________________________________
Street Address: __________________________________________________________
City: __________________________ State: __________________ Zip Code: __________
Telephone No.: __________________________

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: __________
Date Filed: __________________________
Sign the complaint in the space below. Attach any documents you believe support your complaint.

_____________________________  ________________________
Complainant’s Signature        Signature Date