

APPENDIX D (Continued)

TITLE VI PUBLIC NOTICE OF RIGHTS / COMPLAINT PROCESS
The City of Weirton is herein referred to as the "CITY OF WEIRTON"

**TITLE VI
Complaint Form**

Complaint Form

Instructions: If you would like to submit a Title VI complaint to the City of Weirton, please fill out the form below and send it to: City of Weirton, Transit Manager, 200 Municipal Plaza, Weirton, WV 26062. You may also contact the City of Weirton for questions or a full copy of CITY OF WEIRTON's Title VI policy and complaint procedures. The phone number is (304) 797-8500.

1. Name (Complainant):	
2. Phone:	3. Home Address (Street no., city, state, zip):
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:
7. Discrimination because of: (please circle) Race Color <input type="checkbox"/> National Origin	

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

9. Why do you believe these events occurred:

10. What other information do you think is relevant to the investigation?

11. How can this / these issues(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Phone Number:

13. 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 court

Local agency

State agency

If filed at an agency and/ or court, please provide information about a contact person at the agency/ court where the complaint was filed.

Agency/ Court: Contact's Name: Address: Phone Number:

Signature (Complainant):

Date of Filing: