



## **FILING A COMPLAINT FORM BELOW – ENGLISH VERSION**

Any person who believes that he, she, they, individually, as a member of any protected class, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, as amended, may file a complaint with Arlington County. Any person who believes they, individually or a specific class of persons, were subjected to discrimination on the basis of race, color, or national origin in the programs and activities of Arlington County, who is a recipient of federal financial assistance, may file a Title VI complaint.

Complaints may be filed in-person with mail or email to:

***Title VI Coordinator,***

***2100 Clarendon Blvd, Suite #900,***

***Arlington, Va. 22201.***

***[ftetty@arlingtonva.us](mailto:ftetty@arlingtonva.us)***

Complaints can also be sent to:

***Federal Highway Administration***

***U.S. Department of Transportation Office of Civil Rights***

***1200 New Jersey Avenue, SE***

***8th Floor E81-105***

***Washington, DC 20590***

***[CivilRights.FHWA@dot.gov](mailto:CivilRights.FHWA@dot.gov),***

***[FHWA.TitleVIcomplaints@dot.gov](mailto:FHWA.TitleVIcomplaints@dot.gov)***



**ARLINGTON  
VIRGINIA**

**TITLE VI DISCRIMINATION COMPLAINT**

Name of Complainant	Telephone Number:	Email:												
Mailing Address														
What is the most convenient time for us to contact you about this complaint?														
Basis of Discrimination  ____ Race                      ____ Disability  ____ Color                      ____ Age  ____ National Origin      ____ Sex  ____ Other (please specify) _____	If you have a representative, please provide the following information:  Name: _____  Firm Name: _____  Address: _____  Telephone Number: _____													
Date and place of the alleged discrimination.														
Explain as clearly as possible what happened and why you believe you were discriminated against. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).														
Names of individuals responsible for the discriminatory action(s):														
Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint:  <table><tr><td><u>Name</u></td><td><u>Address</u></td><td><u>Phone Number</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			<u>Name</u>	<u>Address</u>	<u>Phone Number</u>									
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The laws prohibit retaliation against anyone because he/she has taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Please explain what action you took which you believe was the basis for the allegation.

What remedy, or action, are you seeking for the alleged discrimination?

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:

☐ U.S. Equal Employment Opportunity Commission ☐ Federal or State Court

☐ Department of Fair Employment and Housing ☐ Federal Highway Administration/U.S. Dept. of Transportation

☐ Federal Transit Administration/U.S. Dept. of Transportation

If you have already filed a charge or complaint, please provide the following information:

Agency/Court: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Trial Hearing: \_\_\_\_\_

Status of case: \_\_\_\_\_

Please provide any additional information that you believe would assist in the investigation:

Note: The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Please sign and date the complaint form below.

**Signature of Complainant:**

**Date of Filing:**

Complaints may also be filed with the Federal Highway Administration by contacting (202)366-0693 or [CIVILRIGHTS.FHWA@FHWA.DOT.GOV](mailto:CIVILRIGHTS.FHWA@FHWA.DOT.GOV).

TITLE VI COMPLAINT FORM