

**TITLE VI /ADA DISCRIMINATION 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:

Lisa, Hricko, Title VI /ADA Compliance Officer, Town of Farmville, 116 North Main Street, Farmville, VA 23901.

You can reach our office Monday-Friday from 8:00 am to 5:00 pm at 434-392-7433, or you can email the Farmville Area Bus, Title VI / ADA Compliance Officer at [lhricko@farmvilleva.com](mailto:lhricko@farmvilleva.com).

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**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** \_\_\_\_\_ **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.**

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**Does this complaint involve a specific individual(s) associated with FAB? If yes, please provide the name(s) of the individual(s), if known.**

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**Where did the incident take place?**

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**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.**

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**Complainant's Signature**

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**Date**