

CITY OF WEIRTON TRANSIT TITLE VI/ADA COMPLAINT FORM

Complaint Form Instructions:

If you would like to submit a Title VI or ADA complaint to the City of Weirton, please fill out the form below and send it to: City of Weirton, Transit Director, 200 Municipal Plaza, Weirton, WV 26062. You may also contact the City of Weirton for questions or a full copy of the CITY OF WEIRTON's Title VI policy and complaint procedures. The phone number is (304) 797-8597.

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 select) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Other (Please specify) _____	
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 issue(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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> State Court	
Signature (Complainant)	Date of Filing: