



TITLE VI COMPLAINT FORM

Washington Metropolitan Area Transit Authority (WMATA)

WMATA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Office of Equal Employment Opportunity by calling (202) 962-2582. The completed form must be returned to WMATA Office of Equal Employment Opportunity 300 7th Street, SW, Washington, DC 20024.

(Please print)

Section I:	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Electronic Mail Address:	
Accessible Format Requirement?	☐ Large Print ☐ Audio Tape ☐ TDD ☐ Other (specify)

Section II:	
Are you filing this complaint on your own behalf?	☐ Yes* (if yes, go to Section III) ☐ No
If not, please supply the name and relationship of the person for who you are filing the complaint.	
Please explain why you have filed for a third-party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third-party.	
☐ Yes ☐ No	

Section III:
I believe the discrimination I experienced was based on (check all that apply):
☐ Race ☐ Color ☐ National Origin ☐ Other (specify)
Date of the Alleged Discrimination (Month, Day, Year):
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information for any witnesses. If more space is needed, please use the back of this form.

Complete reverse side of form

