



VIRGINIA RAILWAY EXPRESS ADA COMPLAINT FORM

Name		Home Telephone
Home Address (Street City, State, Zip Code)		Work Telephone
		Email Address
		Home Telephone Work Telephone

Date of Alleged Discrimination Month/Day/Year/Time: _____
Train Number/Station Location: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form. Sign below and attach any supporting documents.

Signature

Date

Did you file this complaint with another agency? [] Yes [] No

Please mail this form to: **Director of Operations/ADA Complaint**
Virginia Railway Express
1500 King Street, Suite 202
Alexandria, VA 22314
703-684-1001