



WHERE ABILITY MEETS OPPORTUNITY

### VersAbility Title VI Public Notification

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically,

Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

VersAbility Resources is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B.

If you feel you are being denied participation in or being denied benefits of the transit services provided by VersAbility Resources, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

**Aries Sumalnap**  
**Facilities Director**  
**VersAbility Resources**  
**2520 58th Street**  
**Hampton, VA 23661**  
**(757) 896-6461**  
[asumalnap@versability.org](mailto:asumalnap@versability.org)



## VersAbility Resources, Inc. Title VI Complaint Form

Name of Complainant	Home Telephone
Home Address (Street, City, State, Zip Code)	Work Telephone
Race/Ethnic Group	Email Address
Person discriminated against (if other than Complainant)	Home Telephone

SPECIFIC BASIS OF DISCRIMINATION (Check appropriate box (es):

- Race
- Disability
- Age

Date of Alleged Incident: \_\_\_\_\_

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.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Did you file this complaint with another agency?       Yes    No

Please mail this form to:

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**Facilities Director**  
**VersAbility Resources**  
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