

Section 1

Name				
Address				
Telephone (Home)		Telephone (Work/Cell)		
E-mail Address				
Accessible Format Requirements	Large Print	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>
	TDD	<input type="checkbox"/>	Other	<input type="checkbox"/>

Section 2

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered "Yes" to this question, go to Section 3.		
If not, please supply the name and relationship of the person for whom you are complaining		
Please explain why you have filed for a third party		

Section 3

I believe the discrimination I experience was based on (check all that apply)

Race
 Color
 National Origin
 Other Protected Class _____

Date of 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 of any witnesses.

How can this/these issue(s) be resolved to your satisfaction?

What is the most convenient time and place for us to contact you about this complaint?

If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you and/or provide information about your complaint:

Section 4

Have you previously filed a Title VI Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Section 5

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:

Federal Agency: _____

Federal Court _____ State Agency _____

State Court _____ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name
Title
Agency
Address
Telephone

Section 6 *(office use only – do not fill in)*

Name of Agency complaint is against: Allegany County Transit

Contact Person

Title

Telephone

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

Please submit this form to the Allegany County Transit Title VI Manager at

In Person or Mail: Allegany County Transit Title VI Manager
1000 Lafayette Avenue
Cumberland, Maryland 21502

E-mail:
transit@alleganygov.org
Fax: 301-722-0326