

## TITLE VI, ADA and EEO COMPLAINT FORM



"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."

Any individual may exercise his or her right to file a complaint with the County Administrator if that person believes that he or she have been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to EPA and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually to EPA.

Please mail or return this form to:  
County Administrator  
Board of County Commissioners  
100 West Washington Street, Room 1101  
Hagerstown, MD 21740-4748  
240-313-2200  
[pr@washco-md.net](mailto:pr@washco-md.net)

**A person may also file a complaint directly with the US Environmental Protection Agency, Office of External Civil Rights Compliance, Mail code 2310A, 1200 Pennsylvania Avenue NW, Washington, DC 20460.**

**PLEASE PRINT** if you are not completing the on-line version of this form.

**1. Complainant's Name:**

a. Address:

b. City: State: Zip Code:

c. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work)  
(     ) (     )

d. Electronic Mail Address:

Do you prefer to be contacted via this e-mail address? ☐ Yes ☐ No

**2. Accessible Format of Form Needed?** ☐ Large Print ☐ Audio Tape ☐ TDD  
☐ Other (please specify):

**3. Are you filing this complaint on your own behalf?** ☐ Yes If YES, please go to Question 7  
☐ No If no, please go to question 4

**4. If you answered NO to question 3 above, please provide your name and address.**

a. Name of Person Filing Complaint:

b. Address:

c. City: State: Zip Code:

d. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work)  
(     ) (     )

e. Electronic Mail Address:

Do you prefer to be contacted via this e-mail address? ☐ Yes ☐ No

**5. What is your relationship to the person for whom you are filing the complaint?**

**6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.** ☐ Yes, I have permission. ☐ No, I do not have permission.

**7. I believe that the discrimination I experienced was based on** (check all that apply)

☐ Race ☐ Color ☐ National Origin (Classes protected by Title VI) ☐ ADA ☐ EEO ☐ Other (specify)

<b>8. Date of Alleged Discrimination (Month, Day, Year):</b>
<b>9. Where did the Alleged Discrimination take place?</b>
<b>10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.</b>
<b>11. Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.</b>
<b>12. What type of corrective action would you like to see taken?</b>
<b>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No</b>  a. <input type="checkbox"/> Federal Agency (List agency's name) b. <input type="checkbox"/> Federal Court (Please provide location) c. <input type="checkbox"/> State Court d. <input type="checkbox"/> State Agency (Specify Agency) e. <input type="checkbox"/> County Court (Specify Court and County) f. <input type="checkbox"/> Local Agency (Specify Agency)
<b>14. Please provide information about a contact person at the agency/court where the complaint was filed.</b>  Name: _____ Title: _____ Agency: _____ Telephone: (    ) _____ Address: _____ City: _____ State: _____ Zip Code: _____

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

Signature and date is required:

\_\_\_\_\_  
Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required

\_\_\_\_\_  
Signature Date