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 MTA within three business days (per MTA requirements), 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 (in addition to immediately) to MTA.

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

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights: Attention: Title VI Program Coordinator, East Building, 5th floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

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? \Box Yes \Box 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? Ves If YES, please go to Question 7 Ves 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? \Box Yes \Box 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. 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)	

8. Date of Alleged Discrimination (Month, Day, Year):		
9. Where did the Alleged Discrimination take place?		
	ny you believe that you were discriminated against. Describe all of the act information of the person(s) who discriminated against you (if known). I space is required.	
	numbers/contact information. Use the back of this form or separate pages	
if additional space is required.		
12. What type of corrective action would you like to see	taken?	
12. What type of corrective action would you like to see		
13. Have you filed a complaint with any other Federal, S	itate, or local agency, or with any Federal or State court? \Box Yes If yes,	
check all that apply 🗆 No		
a.□ Federal Agency (List agency's name)		
b. \Box Federal Court (Please provide location)		
c. State Court		
d.□ State Agency (Specify Agency) e.□ County Court (Specify Court and County)		
f. 🗌 Local Agency (Specify Agency)		
14. Please provide information about a contact person a	at the agency/court where the complaint was filed.	
Name: Agency:	Title:	
Agency:	Telephone: ()	
Address: 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	e	
If you completed Questions 4, 5 and 6, your signature and	d date is required	