

## 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](mailto: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, 5<sup>th</sup> 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? ☐ 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)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_