



Title VI Complaint Form



Complainant' Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

Person(s) discriminated against, if different from above:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

Name of department or program that you believe discriminated against you:

Department/Program _____

Name of Individual _____

City _____ State _____ Zip Code _____

Phone _____

In you own words describe the alleged discrimination. Explain what happened and who you believe was responsible.

List names and contact information of persons who may have knowledge of the alleged discrimination.

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

Federal Agency__
State Agency__
Local Agency__
Federal Court__
State Court__

Submit Form and any additional information to:

Prince Georges County
Department of Public Works & Transportation
Title VI Program
9400 Peppercorn Place Room 320
Largo, MD 20774
Phone: 301-883-5656
Fax: 301-925-1224

The complaint will not be accepted if it has not been signed. Please sign and date the complaint form below. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Complainant Signature

Date