**Section I:**

Name:  
Address:  
Telephone (Home):  |  Telephone (Work):  
Electronic Mail Address:  

<table>
<thead>
<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>TDD</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Section II:**

Are you filing this complaint on your own behalf?  Yes*  No  
*If you answered "yes" to this question, go to Section III.  
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:  
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  Yes  No  

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):  
[ ] Race  [ ] Color  [ ] National Origin  [ ] Other (specify)  
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. If more space is needed, please use the back of this form.  

**Section IV:**

Have you previously filed a Title VI complaint with this agency?  Yes  No  
If so, when: Please provide a date and case number if applicable  
Date:  Case Number:  

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  

If yes, check all that apply and provide a case/reference number:

- [ ] 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.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Agency:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>

Section VI

Name of agency complaint is against:

| Contact person: |
| Title: |
| Telephone number: |

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

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

_______________________________  ________________
Complainant’s Signature  Date

Please submit this form in person at the address below, or mail this form to:
Prince George’s County Department of Public Works & Transportation
Title VI Program Manager
9400 Peppercorn Place, Suite 320
Largo, Maryland 20774

If information is needed in another language, then contact 301-883-5656
Si precisa información en otro idioma, contáctese al 301-883-5656.
Si vous souhaitez des informations dans une autre langue, veuillez appeler le 301-883-5656
Kung ang impormasyon ay kinakailangan sa ibang wika, sa gayon ay makipag-ugnayan sa 301-883-5656
如果需要使用其它语言了解信息，请联系301-883-5656
Nếu cần thông tin bằng ngôn ngữ khác, hãy liên lạc theo số 301-883-5656
이 정보를 다른 언어로 제공받기를 원하시면 301-883-5656으로 연락하십시오.