TITLE VI COMPLAINT FORM

Department of Public Works and Transportation

Office of Transportation

Prince George's County is committed to ensuring that no person is excluded from participation in, or denied the benefits of, its services based on race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. To assist us in processing your complaint, please complete the following form and return it to the Office of Transportation: 9400 Peppercorn Place, Suite 320, Largo, Maryland 20774.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	Telephone (Mobile):
Email Address:		
Accessible Format Requirements? If yes, please indicate formats below.		
Large Print ☐	Audio ☐	TDD/TTY ☐

Section II:		
Are you filing this complaint on your own behalf? * If you answered "yes" to this question, go to Section III	Yes* ☐	No ☐
If not, please supply the name and relations of the person of who 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 ☐

TITLE VI COMPLAINT FORM

Department of Public Works and Transportation

Office of Transportation

Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
☐ Race	☐ Color	☐ National Origin
Date of Alleged Discrimination (Month, Day, Year):		
Location of Alleged Discrimination (if applicable, bus route and /or facility name):		
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 ☐

TITLE VI COMPLAINT FORM

Department of Public Works and Transportation

Office of Transportation

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:		☐ Yes	☐ No
	Federal Agency:		
	Federal Court		State Agency
	State Court		Local Agency
Please provide information about a contact person at the office where the complaint was filed.			
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Email Address:			

Section VI:
Name of office 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. Please submit this form by mail or in person at 9400 Peppercorn Place, Suite 320, Largo, Maryland, 20774

Signature _____ Date _____