



Department of Public Works and Transportation  
Office of Transportation  
9400 Peppercorn Place | Suite 310  
Largo, MD 20774  
301-883-5600

# Title VI

## Complaint Form

### Complaint Information

Full Name:

Street Address:

City, State, Zip:

Phone Number:

### Incident Information

Date of Incident:

Time of Incident:

Location:

Transit Involved:  TheBus  Call-A-Cab  PGC Link  Call-A-Bus

### Description of the Complaint

What happened:

What disability-related accommodation was requested?

How the response denied access or was discriminatory?

[Redacted area]

Names of employees involved (if known)?

[Redacted area]

Name of witnesses?

[Redacted area]

### **Requested Resolution**

What action are you seeking?

[Redacted area]

### **Prior Action**

Have you discussed this matter with any County staff?

Yes

No

If yes, who and when?

[Redacted area]

What was the response?

[Redacted area]

## Signature Section

I certify that the information provided is true and correct to the best of my knowledge.

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Signature

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Date

Check one:  Complainant  Representative

## Submission Instructions

Mail the signed document or hand deliver it to the appropriate ADA manager. Please allow 15 days for staff to investigate the alleged incident.

Attn: Title VI Compliance Manager  
Department of Public Works and Transportation  
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