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: ☐ GoPGC ☐ Plus ☐ PGC Link ☐ Call-A-Cab

Description of the Complaint

What happened:

What disability-related accommodation was requested?

How the response denied access or was discriminatory?

Names of employees involved (if known)?

Name of witnesses?

Requested Resolution

What action are you seeking?

Prior Action

Have you discussed this matter with any County staff? ☐ Yes ☐ No

If yes, who and when?

What was the response?

Signature Section

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

_____ _____

Signature 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
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