TITLE VI, ADA and EEO COMPLAINT FORM

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Any individual may exercise his or her right to file a complaint with the Department of Citizen Services if that person believes that he or she have been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to MTA within three business days (per MTA requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to MTA.

Please mail or return this form to:
ADA Coordinator, Director of Citizen Services
Carroll County Department of Citizen Services
10 Distillery Drive, First Floor, Suite 101
Westminster, MD 21157
410-386-3600
ada@ccg.carr.org

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights: Attention: Title VI Program Coordinator, East Building, 5th floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

PLEASE PRINT if you are not completing the on-line version of this form. **1. Complainant's Name:**
a. Address:
b. City: State: Zip Code:
c. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work) ( ) ( )
d. Electronic Mail Address:
Do you prefer to be contacted via this e-mail address? ☐Yes ☐No
2. Accessible Format of Form Needed? ☐Large Print ☐Audio Tape ☐TDD ☐Other (please specify):
3. Are you filing this complaint on your own behalf? ☐ Yes **If YES, please go to Question 7** ☐ No If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address.
a. Name of Person Filing Complaint:
b. Address:
c. City: State: Zip Code:
d. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work) ( ) ( )
e. Electronic Mail Address:
Do you prefer to be contacted via this e-mail address? ☐Yes ☐No
5. What is your relationship to the person for whom you are filing the complaint?
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ☐Yes, I have permission. ☐No, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply)
☐ **Race** ☐ **Color** ☐ **National Origin (Classes protected by Title VI)** ☐ **ADA** ☐ **EEO** ☐ **Other (specify)**

8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.
11. Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.
12. What type of corrective action would you like to see taken?
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐Yes If yes, check all that apply ☐No **a.☐ Federal Agency (List agency's name)** **b.☐ Federal Court (Please provide location)** **c.☐ State Court** **d.☐ State Agency (Specify Agency)** **e.☐ County Court (Specify Court and County)** **f. ☐ Local Agency (Specify Agency)**
14. Please provide information about a contact person at the agency/court where the complaint was filed. **Name: _____ Title: _____** **Agency: _____ Telephone: ( ) _____** **Address: _____** **City: _____ State: _____ Zip Code:_____**

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date is required:

_____ _____
Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required

_____ _____
Signature Date