## TITLE VI COMPLAINT FORM

## **Montgomery County Department of Transportation Division of Transit Services**

Montgomery County is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Office of Human Rights Enforcement Manager by calling (240) 777-8450. The completed form must be returned to the Montgomery County Office of Human Rights, 21 Maryland Avenue, Suite 330, Rockville, MD 20850.

			(Please print)	
Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
		*		
Electronic Mail				
Address:				
Accessible Format Requirement?   ■ Large Print □ □ Audio Tape □ □ TDD □ □ Other (specify)				
The state of the s				
Section II:				
Are you filing this complaint on your own	O Vec* (if v	es, go to Section III) □□No		
If not, please supply the name and	• ics (ii y	cs, go to section m) = 140		
relationship of the person for who you are				
filing the complaint.  Please explain why you have filed for a third-				
1 2 3				
party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on				
behalf of a third- party.				
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
□ Race □ Color □ National Origin □ Other (specify)				
Date of the 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 for any witnesses. If more space is needed, please use the back of				
_				
		Complete r	everse side of form	

Section IV: Have you previously filed a Title VI complaint with this agency? Please explain.		
ther Federal, State, or local agency or with any Federal or State	O Yes □□No	
Contact Name:		
Telephone Number:	Telephone Number:	
•		
Contact Name:		
Telephone Number:		
er information that you think is relevant to your complaint.		
nd that it is true to the best of my knowledge, information and bel	ief.	
Date		
	ther Federal, State, or local agency or with any Federal or State ther entity, please provide the information below:  Contact Name:  Telephone Number:  Contact Name:  Telephone Number:  er information that you think is relevant to your complaint.  Indicate the information and below:  The phone Number:  Telephone Number:  Telephone Number:  Telephone Number:	