

# TITLE VI Complaint Form

611 Central Avenue, Towson, MD 21204

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**Section I:**

Date

Email Address

First Name

Last Name

Street Address

Street Address Line 2

City

State

Zip Code

Accessible Format Requirements?

Other requirements:

Large Print

TDD

Audio Tape

Other

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**Section II:**

Are you filing this complaint on your own behalf?

Yes\* (If you answered "yes" to this question, go to Section III.)

No

If not, please supply the name and relationship of the person for whom 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

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**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:

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.

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**Section IV:**

Have you previously filed a Title VI complain with this agency?

Yes

No

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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes

No

If yes, check all that apply:

Federal Agency

Federal Court

State Court

State Agency

Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Phone number:

Address:

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**Section VI:**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

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Signature

Date