

## TITLE VI COMPLAINT FORM

Section I:							
Name:							
Address:							
Phone (H): Phone (W):			Phone (C):				
Electronic Mail Address:							
Accessible Format	Large Print			Audio Tape			
Requirements?		TDD		Other			
Section II:							
Are you filing this complaint on your own behalf?				Yes*	No		
*If you answered yes, go to Section III.							
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 Yes No						No	
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	[ ] Nati		ional Origin		
Date of 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 of any witnesses. If more							
space is needed, please use the back of this form and/or attach additional information.							
Continue IV.							
Section IV:							
					No		
County?							

If yes, check all that apply:					
[] Federal Agency:	[] State Agency:				
3 7	3 3 ======				
[] Federal Court:	[] Local Agency:				
[] State Court:					
<u> </u>	t person at the agency/court where the complaint				
was filed.					
Title:					
Agency:					
Address:					
Telephone:					
You may attach any written materials or other information you think is relevant to your complaint.					
Signature and date required below:					
Signature	 Date				
. <b>.</b>					

Please submit this form in person at the address below or mail to:

The Arc Montgomery County Title VI Coordinator 603 Southlawn Ln. Rockville, MD 20850