

THE ARC MONTGOMERY COUNTY TITLE VI/LAP/EEO/ADA COMPLAINT FORM

Section I

| | | | | |
|---|---------------------------------|------------|------------|------------|
| Name: | | | | |
| Address: | | | | |
| Phone (H): | | Phone (W): | | Phone (C): |
| Electronic Mail Address: | | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |
| Need Information in a Different Language? | Please indicate language: _____ | | | |

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 party if you are filing on behalf of a third party. | | Yes | No |

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Limited English Proficiency (LEP)
 Religion Sex/Gender Sexual Orientation Gender Identity
 Age Disability Retaliation
 Other, please specify: _____

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.

| Section IV | | |
|--|--|----|
| Have you previously filed a Title VI or LAP complaint with The Arc Montgomery County? | Yes | No |
| Section V | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, check all that apply: | | |
| <input type="checkbox"/> Federal Agency: _____ | <input type="checkbox"/> State Agency: _____ | |
| <input type="checkbox"/> Federal Court: _____ | <input type="checkbox"/> Local Agency: _____ | |
| <input type="checkbox"/> State Court: _____ | | |
| Please provide information about a contact person at The Arc Montgomery County/court where the complaint was filed. | | |
| Name: _____ | | |
| Title: _____ | | |
| Agency: _____ | | |
| Address: _____ | | |
| Telephone: _____ | | |
| Do you have an attorney on this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information about your attorney: | | |
| Name: _____ | | |
| Address: _____ | | |
| Phone: _____ | Email Address: _____ | |
| Section VI | | |
| Name of agency complaint is file against: _____ | | |
| Contact Person: _____ | | |
| Title: _____ | | |
| Telephone Number: _____ | | |

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

Signature and date required below:

Signature Date

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

The Arc Montgomery County
 Chief Operating Officer
 11600 Nebel St.
 Rockville, MD 20852