

**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 <span style="margin-left: 200px;"><input type="checkbox"/> No</span>		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____ <span style="margin-left: 100px;"><input type="checkbox"/> State Agency: _____</span>		
<input type="checkbox"/> Federal Court: _____ <span style="margin-left: 100px;"><input type="checkbox"/> Local Agency: _____</span>		
<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