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

## Section I

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone (H):</th>
<th>Phone (W):</th>
<th>Phone (C):</th>
</tr>
</thead>
</table>

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.

### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**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: ___________________ [ ] State Agency:  ______________

[ ] Federal Court:   ___________________ [ ] Local Agency:  ______________

[ ] State Court:      ___________________ 

Please provide information about a contact person at The Arc Montgomery County/court where the complaint was filed.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Agency:</th>
<th>Address:</th>
<th>Telephone:</th>
</tr>
</thead>
</table>

Do you have an attorney on this matter? [ ] Yes [ ] No  
If yes, please provide the following information about your attorney:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

**Section VI**
Name of agency complaint is file against:

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Title:</th>
<th>Telephone Number:</th>
</tr>
</thead>
</table>

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