

APPENDIX B – Title VI Complaint form

TITLE VI COMPLAINT FORM Title VI LEP/LAP ADA EEO

SECTION I:

Name: _____

Address: _____

Telephone (Home): _____ Telephone; (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements: Large print _____ TDD _____ Audio Tape _____ Other _____

SECTION II:

Are you filing this complaint on your own behalf? Yes _____ No _____

If you answered “yes” to this question 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 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 _____

Date of the 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 you know) as well as the names and contact information of any witnesses. If more space is needed please use the back of this form.

SECTION IV:

Have you previously filed a Title VI complaint with this agency? Yes _____ No _____

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 _____ State Court _____

Local Agency _____

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

Name _____ Title _____

Agency _____

Address _____

Telephone number _____

SECTION VI:

Name of agency complaint is against: _____

Contact person _____ Title _____

Telephone number _____

You may attach any written materials or other information that 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 this form to:

Jackie Crabtree or Dawn Shank, Title VI Manager (s) – 117 Summit Ave. Hagerstown, Md. 21740

Document translation is available upon request contact Jackie Crabtree at 301-797-4161 ext.158.

Washington County Community Action Council, Inc. is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color or national origin, as protected by Title VI in the Federal Transit Administration (FTA) Circular 4702.1B. For additional information on Washington County Community Action Council's nondiscrimination policies and procedures, or to file a complaint, please visit the website at www.wccac.org or contact Jacqueline Crabtree or Dawn Shank the Title VI Manager(s) at 117 Summit Avenue Hagerstown, Maryland 21740.