



City of Annapolis
Transportation Department
308 Chinquapin Round Road
Annapolis, MD 21401-4007



Transit@annapolis.gov • 410-263-7964 • Fax 410-269-5989 • TDD use MD Relay or 711 • www.annapolis.gov

Title VI Complaint Form

Submit this form within 180 days following the date of the alleged discrimination to the Director at the above address.

Section I

Name _____

Mail address _____

City _____ ST _____ Zip _____

Phones: Home _____ Work _____

Email address _____

Accessible format required? Audio Large print TDD 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 "no", please supply the name and relationship of the person for whom you are complaining:

Name _____ Relationship _____

Please explain why you are filing 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

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 you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use separate paper and attach to 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 Local Agency
- Federal Court State Court

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

Name _____ Title _____
Agency _____
Address _____
City _____ ST _____ Zip _____
Phone _____

Section VI

Name of agency complaint is against _____
Contact person _____ Title _____
Phone _____

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

Signature and date **required** below.

Signature _____ Date _____