

APPENDIX B

WASHINGTON COUNTY COMMUNITY ACTION COUNCIL, INC.

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 \_\_\_\_\_

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 Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by Washington County Community Action Council, Inc. or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Lori Thomas or Jackie Crabtree, Title VI Managers Washington County Community Action Council, Inc.  
101 Summit Ave. Hagerstown, Md. 21740301-797-4161 ext. 107 or ext. 158lthomas@wccac.org or jcrabtree@www.wccac.org

The Washington County Community Action Council, Inc. (CAC) is committed to ensuring everyone has access to services regardless of impairment, disability, and language barrier. If you or any member of your family needs assistance, please contact CAC prior to your appointment to make alternate accommodations.



**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.**

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**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:**

**Lori Thomas or Jackie Crabtree, Title VI Managers – Washington County Community Action Council, Inc. - 101 Summit Ave. Hagerstown, Md. 21740**