Section I

Name:
Address:
Telephone (Home)                     Telephone (Work):
Electronic Mail Address:

Accessible Format Requirements?
Large Print                         Audio Tape
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 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 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 known) as well as 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 Title VI complaint with any other Federal State, local agency, or with any Federal or State Court?  
☐ Yes  ☐ No

If yes, check all that apply:

☐ Federal Agency:  ☐ Federal Court:
☐ State Agency:  ☐ State Court:
☐ Local Agency:

Please provide information about a contact person at the agency or 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>

## Section VI

Name of agency complaint is 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 that you think is relevant to your complaint.

**Signature and date required below.**

Signature: ___________________________  Date: ___________________________

Please submit this form in person or by mail to the address below:

Maryland Transit Administration  
Office of Equal Opportunity Compliance Programs  
6 Saint Paul Street  
Baltimore, MD 21202

Signed complaint forms may be faxed to MTA's Office of Equal Opportunity Compliance Programs at: 410-333-1015.