



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?		<input type="checkbox"/> Yes*	<input type="checkbox"/> 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Section III				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race		<input type="checkbox"/> Color		<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section V		
Have you filed this Title VI complaint with any other Federal State, local agency, or with any Federal or State Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency:		
<input type="checkbox"/> Federal Court:	<input type="checkbox"/> State Agency:	
<input type="checkbox"/> State Court:	<input type="checkbox"/> Local Agency:	
Please provide information about a contact person at the agency or court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
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 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.