



TITLE VI COMPLAINT FORM HARFORD COUNTY TRANSIT



SECTION I

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work Phone: _____

Email 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, please go to section III*

If you answered no, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party:

Please confirm you have permission to file on behalf of the aggrieved 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: _____

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 the names and contact information of any witnesses. Attach a separate piece of paper if more space is needed:



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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 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 the following contact information and agency or court where the complaint was filed:

Name of Agency: _____

First Name: _____

Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

SECTION VI

Name of Agency complaint is against: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____

Please attach any written materials or other information you think is relevant to your complaint.

Signature and date are required below:

Signature: _____ Date: _____

Please submit this form to:

Joe Cluster, Chief of Executive Staff | Office of the County Executive | Harford County Government
220 S. Main Street, Bel Air, MD 21014 | 410-638-3350 | jccluster@harfordcountymd.gov



Bob Cassilly, Harford County Executive