



# 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 | jcccluster@harfordcountymd.gov



Bob Cassilly, Harford County Executive