



Title VI Complaint Form

Prince George's County Department of Public Works and Transportation

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 obtained 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):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other (specify)				
Date of 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
If so, when: Please provide a date and case number if applicable				
Date: _____ Case Number: _____				
Section V:				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply and provide a case/reference number:	
<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/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.

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Please submit this form in person at the address below, or mail this form to:
 Prince George's County Department of Public Works & Transportation
 Title VI Program Manager
 9400 Peppercorn Place, Suite 320
 Largo, Maryland 20774

If information is needed in another language, then contact 301-883-5656
 Si precisa información en otro idioma, contáctese al 301-883-5656.
 Si vous souhaitez des informations dans une autre langue, veuillez appeler le 301-883-5656
 Kung ang impormasyon ay kinakailangan sa ibang wika, sa gayon ay makipag-ugnayan sa 301-883-5656
 如果需要使用其它语言了解信息，请联系301-883-5656
 Nếu cần thông tin bằng ngôn ngữ khác, hãy liên lạc theo số 301-883-5656
 이 정보를 다른 언어로 제공받기를 원하시면 301-883-5656으로 연락하십시오