



**The Allegany County Human Resources Development Commission, Inc.**

**APPENDIX B: Title VI - Complaint Form**

<b>SECTION I:</b>	
Name: _____	
Address: _____	
Telephone (Home): _____	Telephone (Work): _____
E-Mail Address: _____	
Accessible Format Requirements: (Please check all that apply) <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other _____	
<b>SECTION II:</b>	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If you answered "YES" to this question, go to Section III</i>	
If you answered "NO" to this question, 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 that you have obtained the permission of the aggrieved party, if you are filing on behalf of a third party: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION III:</b>	
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"/> LAP/LEP <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Disability 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. _____ _____	
<b>SECTION IV:</b>	
Have you previously filed a Title VI complaint with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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<b>SECTION V:</b>
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: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> Federal Court: _____ <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: _____
<b>SECTION VI:</b>
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, at the address below, or mail this form to:

Allegany County HRDC  
125 Virginia Avenue  
Cumberland, MD 21502