



Title VI Complaint Form

SECTION I:		
Name:		
Address:		
Telephone (home)	(cell)	(work)
Email Address:		
Accessible Format Requirements:		
<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape <input type="checkbox"/> Other
SECTION II:		
Are you filling out this form on your behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you answered YES to this question, go to section III		
If you answered NO: Name and Address of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Have you obtained the permission of the third party to file the complaint? <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 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 who discriminated against you (if known) as well as the name and contact information of any witnesses. If more space is needed, please use back of the 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 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 Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____	
Please provide information about a contact person at the agency/court where the complaint was filed:	
Name:	
Title:	
Agency:	
Telephone:	
SECTION VI:	
Name of Agency Complaint is Against:	
Contact Person:	
Title:	
Telephone Number:	
SECTION VII:	
You may attach any written materials or other information that is relevant to your complaint.	
Signature:	Date:
<p>Please submit this form to: Program Director/ Title VI Coordinator St. Mary's Adult Medical Day Care, Inc. 24400 Mervell Dean Road Hollywood, MD 20636</p>	