**APPENDIX B - TITLE VI COMPLAINT FORM**



**The Arc Carroll County – TITLE VI MANAGER**

180 Kriders Church Road

Westminster, MD 21158-4307

T 410 848-4124 x127

F 410-876-5317

[www.arccarroll.com](http://www.arccarroll.com)

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**TITLE VI and LEP/LAP COMPLAINT FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION I: about you | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Phone: | | Email: | | | | | | | | |
| Accessible Format Requirements: | Large Print | |  | | | Audio Tape | | |  | |
| TDD | |  | | | Other | | |  | |
| SECTION II: about the complainant | | | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | | Yes | | No |
| If you answered “yes”, please 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 you have obtained permission to file on behalf of a third party. | | | | | | | | Yes | | No |
| SECTION III: about the event | | | | | | | | | | |
| I believe the Title VI discrimination experienced was based on (check all that apply): | | | | | \_\_ Race \_\_ Color \_\_ National Origin | | | | | |
| Date of alleged discrimination (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe discrimination took place. Describe all persons 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. You may attach any written materials or other information that you think is relevant to your complaint. | | | | | | |  | | | |
| SECTION IV: background information | | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | | | | | | | | |
| Have you previously filed a Title VI complaint with any other Federal, State or 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 contact information for a person at the agency/court where the complaint was filed:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Yes | | No |
| SECTION V: required information. Title VI complaints must be filed within 180 days of the event. LEP/LAP complaints must be filed within 30 days of the event. | | | | | | | | | | |
| Signature: Date: | | | | | | | | | | |
|  | | | |  | | | | | | |