

## TITLE VI/DISCRIMINATION COMPLAINT FORM

### Section I

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone Numbers:

(Home)\_\_\_\_\_(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. \_\_\_\_\_

\_\_\_\_\_

If you are filing on behalf of a third party, have you have obtained the permission of the aggrieved party?

Yes\_\_\_\_\_No \_\_\_\_\_

### Section III

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?

Yes\_\_\_\_\_No\_\_\_\_\_

If Yes, please list:

Federal agency\_\_\_\_\_

State Agency\_\_\_\_\_

Local Agency\_\_\_\_\_

Federal Court\_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes\_\_\_\_\_No\_\_\_\_\_

If you answered “yes” to either of the two previous questions, please provide a copy of the complaint form or lawsuit.

**[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court, and COG will not take action.]**

Name of office or department you believe discriminated against you:

Office or Department\_\_\_\_\_

Name of Individual (if applicable)\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip code\_\_\_\_\_

Telephone\_\_\_\_\_

Basis(es) for complaint, check all that apply:

☐ Race ☐ Color ☐ National Origin ☐ Gender ☐ Disability

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

Please sign here:\_\_\_\_\_Date:\_\_\_\_\_

[Note - We cannot accept your complaint without a signature.]

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**You may attach any written materials or other information that you think is relevant to your complaint.**

**Please mail your completed form to: Title VI Officer, Metropolitan Washington Council of Governments, 777 North Capitol Street NE, Suite 300, Washington, DC 20002**

Any individual, group of individuals, or entity that believes he/she, they, or it have been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1987, and the Americans with Disabilities Act of 1990, relating to any program or activity administered by COG or its sub-recipients, consultants, and/or contractors, intimidation or retaliation of any kind is prohibited by law, may file a formal complaint with COG's Title VI Officer by completing and signing COG's Title VI Complaint Form. A formal complaint must be submitted in writing within 180 calendar days from the date of the alleged occurrence or when the alleged discrimination became known to the complainant. Complaints should be mailed to Title VI Officer, Metropolitan Washington Council of Governments, 777 North Capitol Street NE, Suite 300, Washington, DC 20002.

COG will acknowledge receipt of the complaint within 5 business days and determine if it accepts the complaint for investigation. Once accepted, COG will notify the parties within 5 calendar days. COG then has 40 calendar days to investigate the complaint. The investigation will be forwarded to the appropriate state agency within 60 calendar days of the acceptance of the complaint. Refer to COG's Nondiscrimination Complaint Procedures for additional information.

A person may also file a complaint directly with the appropriate state agency or the Federal Transit Administration at the following:

Virginia:

Civil Rights Division Administrator  
Virginia Department of Transportation  
Civil Rights Division  
1401 E. Broad St.  
Richmond, VA 23219  
Telephone: (804) 786-2085  
Toll free: (888) 508-3737; (TTY/TDD 711)

Equal Opportunity Compliance Programs  
Maryland Transit Administration  
6 Saint Paul Street  
Baltimore, Maryland 21202  
Web: [mta.maryland.gov](http://mta.maryland.gov)  
Telephone: (410) 539-3497 (TTY)

District of Columbia:

U.S. Department of Transportation  
Federal Highway Administration  
Virginia Division  
Office of Civil Rights  
400 N. 8th St., Suite 750  
Richmond, VA 23219

District Department of Transportation  
Office of Civil Rights  
55 M Street, SE, Suite 400  
Washington, DC 20003  
Telephone: (202) 673-6813  
Fax: (202) 671-0650

Maryland:

Maryland Department of Transportation  
Title VI Program Manager  
Office of Diversity and Equity  
7201 Corporate Center Drive  
Hanover, Maryland 21076

Federal Transit Administration:

FTA Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor – TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590

Alternative formats of this form can be made available upon request. Visit [www.mwcog.org/accommodations](http://www.mwcog.org/accommodations) or call (202) 962-3300 or (202) 962-3213 (TDD)