



Appendix B- Title VI Complaint Form

SECTION I: CONTACT INFORMATION

Name of individual discriminated against: _____

Rider/Client ID (if applicable): _____

Street Address: _____

City, State, Zip code: _____

Telephone (Home): _____

Telephone (Work, Cell, Other): _____

Email: _____

Accessible Format Requirements:

Large Print TDD/Relay Audio Recording

Other: _____

If you are completing this form on behalf of the individual named above, please complete the following:

- a. Please indicate the relationship you have with the person who is filing the complaint:
- b. Explain why you are completing this form for the person filing the complaint:
- c. Please confirm that you have obtained the permission to complete this form from the person filing the complaint. Yes No
- d. Your contact information:

Name:

Address: _____

Telephone (Home): _____

Telephone (Work): _____



Email: _____

Accessible Format Requirements:

Large Print TDD/Relay Audio Recording

Other: _____

SECTION II: COMPLAINT DETAILS

Date of Occurrence:

Explain as clearly as possible what happened and why you believe you were discriminated against. Include the location and 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 additional sheets. You may also attach any written materials or other information that you think is relevant to your complaint.

Mobility Aid Used (if any): _____

Have efforts been made to resolve this complaint? No Yes - If yes, what is the status?

Have you previously filed a Title VI complaint with Providence Center? No Yes - If yes, please indicate date of previous complaint:

Have you filed this complaint with any other local, State, or Federal agency, or with any Federal or State court? No Yes - If yes, please indicate which agency (ies) or court(s): _____



SECTION III: FOLLOW-UP

What corrective actions do you believe would address your complaint?

Would you like a response following our investigation of this complaint? [] Yes [] No

May we contact you if we need more details or information? [] Yes [] No

What is the best way to reach you? (Choose One) [Phone, Email, etc.] _____

If a phone call is preferred, what is the best day and time to reach you?

SIGNATURE AND DATE REQUIRED BELOW

Signature: _____

Date: _____

Please send this form to Tom McQuillan, Director of Programs, 930 Point Pleasant Road, Glen Burnie, MD 21060.