



The Allegany County Human Resources Development Commission,

Inc. APPENDIX B: ADA / Title VI Nondiscrimination Complaint Form

SECTION I:	
Name: _____	
Address: _____	
Telephone (Home): _____	Telephone (Work): _____
E-Mail Address: _____	
Accessible Format Requirements: (Please check all that apply) ☐ Large Print ☐ TDD ☐ Audio Tape ☐ Other _____	
SECTION II:	
Are you filing this complaint on your own behalf? ☐ Yes* ☐ 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: ☐ Yes ☐ No	
SECTION III:	
I believe the discrimination I experienced was based on (check all that apply): ☐ Race ☐ Color ☐ National Origin ☐ LAP/LEP ☐ Age ☐ Gender ☐ 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. _____ _____ _____	
SECTION IV:	
Have you previously filed a Title VI complaint with this agency? ☐ Yes ☐ No	



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SECTION V:
Have you filed this 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: _____ ☐ State Agency: _____ ☐ Federal Court: _____ ☐ State Court: _____ ☐ Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed: Name: _____ Title: _____ Agency: _____ Address: _____ Telephone: _____
SECTION VI:
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