

Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone	Telephone (Work):		
Email 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 rela you are complaining:	tionship of the persor	n for whom			
Please explain why you have filed for a	a third party:				
Please confirm that you have obtained the permission of the a party if you are filing on behalf of a third party.			Yes	No	
Section III:					
I believe the discrimination I experienced w Date of Alleged Discrimination (Month, Day Explain as clearly as possible what ha persons who were involved. Include th you (if known) as well as names and co back of this form.	,Year): ppened and why you e name and contact i	ı believe you nformation o	were discriminated	discriminated against	

was filed:			
Name:			
Title:			
Agency/Court:			
Address:			
Name of the Agency complaint is against	t:		
Please attach any written material or other	er information that you think is relevant to your complaint.		
Signatu	re and date required below.		
Signature:	Date:		
Please submit this form to the Trans	sportation Department or a Facilitator, or to the attention		
of Jean R. Moise, Executive Vice President.			
(

Please provide information about a contact person at the agency/court where the complaint

301-662-0099 ext. 1219, jmoise@waystationinc.org
In person: Way Station, Inc., 210 Abrecht Place, Frederick, MD 21701
By mail to: Way Station, Inc., PO Box 3826, Frederick, MD 21705