



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

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

Title: \_\_\_\_\_

Agency/Court: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of the Agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please attach any written material or other information that you think is relevant to your complaint.

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**Signature and date required below.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this form to the Transportation Department or a Facilitator, or to the attention of Jean R. Moise, Executive Vice President.

301-662-0099 ext. 1219, [jmoise@waystationinc.org](mailto: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