TITLE VI COMPLAINT FORM
PARTNERS IN CARE MARYLAND, INC.

TITLE VI COMPLAINT FORM

Section I:				
Name				
Address				
Telephone (Home):			Telephone (Work):	
Email:				
Accessible Format Requirements? (Please select one.) (If none, go to next section.)	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 responding:				
Please explain why you have filed for a third party.				
Please confirm that you have obtained permission from 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: ☐

Date of Alleged Discrimination:

Please explain as clearly as possible what happened and why believe you were discriminated against. Describe all persons who were involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as names and

contact information for 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 ☐

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 _____ ☐ Local agency _____
Please provide information about a contact person of 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 additional materials or other information that you think is relevant to your complaint.

Signature: _____ Date:

Please submit this form in person at the address below, or mail this form to:
Partners In Care Maryland, Inc.
Title VI Coordinator
8151-C Ritchie Highway
Pasadena, MD 21122