



Salisbury/Wicomico  
Metropolitan Planning Organization

**Complaint Form**

**Section I:**

Name:

Address:

Telephone (Home):

Telephone (Work)

E-mail Address

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

**Section II:**

Are you filing this complaint on your own behalf?	Yes*	No
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\*If you answered "yes" to this question, proceed to Section III.

If not, please supply the name and	
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Please explain reason(s) you've filed for a third party:	
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Please confirm you have obtained the permission of the aggrieved party.	Yes	No
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**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race    Color    National Origin    Other Protected Class

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 name and contact of the person(s) who discriminated against you (if known), as well as name(s) and contact information of any witnesses.

<b>Section IV:</b>		
Have you previously filed a Title VI complaint with this	Yes	No
<b>Section V:</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If, yes check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court		
Please provide information about a contact person at the agency / court where the complaint		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI:</b>		
Name of agency complaint is against:		
Contact Person:		
Title:		
Telephone number:		

**You may attach any written materials or other information you think is relevant to your complaint.**

Signature and date required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed form to the Salisbury-Wicomico MPO Title VI Coordinator at:  
Keith D. Hall,  
Salisbury-Wicomico MPO  
P.O. Box 870  
Salisbury, MD 21803-0870  
E-mail: [Khall@wicomicocounty.org](mailto:Khall@wicomicocounty.org)  
Fax: (410) 548.4955