

## CITY OF BALTIMORE DEPARTMENT OF TRANSPORTATION EXTERNAL COMPLAINT FORM



## Civil Rights Division 417 E. Fayette Street, 5<sup>th</sup> Floor Baltimore, Maryland 21202

Title VI of the Civil Rights Act of 1964 (42 United States Code § 2000d) Statement: No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Americans with Disabilities Act (ADA) of 1990 is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The Baltimore City Department of Transportation does not discriminate against any person based on race, color, national origin, gender, religion, disability, age, creed, familial status, or in any other basis legally prohibited or protected by Federal and State law. Any complaint against the Baltimore City Department of Transportation for violation of the Title VI of the Civil Rights Act of 1964 under 42 U.S.C § 2000d and/or the Americans with Disabilities Act (ADA) of 1990 should be directed the Baltimore City Department of Transportation, by contacting the Civil Rights Division at 410-396-6815.

Section I:					
Name:					
Address:					
Telephone (Home):		Telephon	Telephone (Cell):		
E-Mail Address:					
Accessible Format	Large Print		Other		
Requirements?	TDD		N/A		
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 for whom you are complaining		person			
Please explain why you have f	iled 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	□Other (Specify)				
Date of Alleged Discr	rimination (Month, Day, Year)	:					
Please describe your complaint below. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation. Also please provide any other documentation that is relevant to this complaint.							
Complaint:							

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 loc Court?	al agency, or with	any Federal or State
□ Yes □ No		
If yes, check all that apply:		
☐ Federal Agency:		
☐ Federal Court: ☐ State Ager	ncy:	
☐ State Court: ☐ Local Age	ncy:	
Please provide information about a contact person at the agency w filed.	here the complain	nt was
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of division complaint is against:		
Contact person:		
Title:		
Telephone number:		
You may attach any written materials or other information that you	think is relevant	to you complaint.
Signature (Required)	Date	
Submit this form in person at the address below, or mail this	form to:	
Baltimore City Department of Transportation Civil Rights Division ATTN: Title VI Compliance Officer		

ATTN: Title VI Compliance Officer 417 E. Fayette Street, 5<sup>th</sup> floor Baltimore, MD 21202

Email: DOTCivilRights@baltimorecity.gov or call (410)396-6815