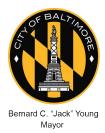


CITY OF BALTIMORE DEPARTMENT OF TRANSPORTATION EXTERNAL COMPLAINT FORM Contract Administration Civil Rights Division 417 E. Fayette Street, 5th Floor

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 Nicholas Gould at (410) 396-6815.

Section I:							
Name:							
Address:							
Telephone (Home):		Telephone	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* □				
*If you answered "yes" to this question, go to Section III.							
If not, please supply the name for whom you are complaining							
Please explain why you have filed 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 haliova the digaring instignt and an adverse haged on (sheek all that angle).						
I believe the discrimination I experienced was based on (check all that apply):						
	\Box Color	□National Origin	\Box Other (Specify)			
Date of Alleg	ed Discrimination (Month, I	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 local agency, or with any Federal or State Court?					
\Box Yes \Box No					
If yes, check all that apply:					
Federal Agency:					
Federal Court: State Agence	су:				
State Court: Local Agency:					
Please provide information about a contact person at the agency where the complaint was filed.					
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	Rea	uire	d)
~			

Date

Submit this form in person at the address below, or mail this form to:

Baltimore City Department of Transportation Contract Administration/Civil Rights Division ATTN: Nicholas Gould, Title VI Compliance Officer 417 E. Fayette Street, 5th floor Baltimore, MD 21202 (410) 396-6815