



# FREDERICK COUNTY GOVERNMENT

## TRANSIT SERVICES DIVISION

Jessica Fitzwater  
County Executive

Roman Steichen, Director

### Title VI Complaint Form

**Instructions:** If you would like to submit a Title VI complaint to Transit Services of Frederick County, please fill out the form below and send it to: Transit Services of Frederick County, Director, 1040 Rocky Springs Rd, Frederick, MD 21702. You may also e-mail this form to [rsteichen@FrederickCountyMD.gov](mailto:rsteichen@FrederickCountyMD.gov) or [transit@FrederickCountyMD.gov](mailto:transit@FrederickCountyMD.gov).

1. Name (Complainant):

---

2. Phone:

---

3. Home Address (street no., city, state, zip):

---

4. If applicable, name of person(s) who allegedly discriminated against you:

---

5. Location and position of person(s) if known:

---

6. Date of Incident:

---



7. Discrimination because of:

- ☐ Race
- ☐ National Origin
- ☐ Color
- ☐ Sex
- ☐ Disability

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

\_\_\_\_\_

9. Why do you believe these events occurred? \_\_\_\_\_

10. What other information do you think is relevant to the investigation \_\_\_\_\_

11. How can this/these issue(s) be resolved to your satisfaction? \_\_\_\_\_

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name, Address, Phone Number: \_\_\_\_\_

13. 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
- ☐ Local agency
- ☐ Federal court
- ☐ State agency
- ☐ State court

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed: \_\_\_\_\_



Contact's Name:

---

Address:

---

Phone Number:

---

Signature (Complainant):

---

Date of Filing:

---

