

MDTA Title VI Complaint of Discrimination Form

Policy Statement

Title VI of the Civil Rights Act of 1964 states “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 Maryland Transportation Authority (MDTA) is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity, on basis of race, color, or national origin. MDTA will ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended and related statues and regulations in all MDTA programs and activities.

Any person who believes that he or she has been subjected to discrimination or retaliation based on their race, color, or national origin, or other applicable laws, by the MDTA may file a Title VI complaint by completing and submitting the MDTA’s Title VI Complaint of Discrimination Form within 180 days of the date of the alleged discrimination.

To request additional information on the MDTA's non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint in writing to:

Maryland Transportation Authority
Division of Civil Rights and Fair Practices
Title VI Coordinator
Point Breeze, Suite 150
2310 Broening Highway
Baltimore, MD 21224

Complaints forms may also be obtained online at the MDTA website www.mdtta.maryland.gov
Complaints or requests may also go to the following Agencies as appropriate:

Maryland Department of Transportation (MDOT)
Office of Diversity and Equity
Title VI /ADA Program Manager
7201 Corporate Center Drive Hanover, MD 21076

U.S. Department of Justice Title VI complaints may be filed directly to
Civil Rights Division
Federal Coordination and Compliance Section, NWB
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

Federal Highway Administration (FHWA) Title VI complaints may be filed directly to:
FHWA Office of Civil Rights
1200 New Jersey Avenue, SE, Suite E-81
Washington, DC 20590

PROCEDURE

1. The Complaint must be filed within 180 days of the date of the alleged discrimination. The complaint must meet the following requirements:

a. Complaint shall be in writing and signed by the Complainant(s). In cases where Complainant is unable or incapable of providing a written statement, a verbal complaint may be made. The Title VI Coordinator will interview the Complainant and assist the person in converting verbal complaints into writing or an interpreter will be provided to assist in converting the verbal complaint into a written complaint (LEP individuals). All complaints must include Complainant's name, address and contact number(s) and be signed by the Complainant or his/her representative.

b. Include the date of the alleged act of discrimination or the date when the Complainant(s) became aware of the alleged act of discrimination.

c. Present a detailed description of the issues, including names and job titles of those individuals perceived as parties in the complaint.

2. Upon receipt of the complaint, the Title VI Coordinator will determine its acceptability, any need for additional information, and investigate the complaint.

a. If accepted, the Title VI Coordinator will provide written acknowledgement to the complainant within 10 business days by mail, including a determination as to the completeness of the information provided.

b. If determined that additional information is needed, the Complainant must provide the additional information within 15 business days. Failure to comply may be cause for the complaint not to be investigated.

c. Allegations must be based on issues involving race, color, national origin (Limited English Proficiency), or Socio-Economic status (Environmental Justice).

d. The Title VI Coordinator prepares a final decision letter to Complainant (s) within 30 business days.

Title VI Complaint of Discrimination Form

Please Print

Section I	
Name:	
Address:	
Telephone: (Home/Cell)	Telephone: (Work)
Email Address: (optional)	

Section II
Are you filing this complaint out on your own behalf? <input type="checkbox"/> Yes* (if yes, go to Section III) <input type="checkbox"/> No
If not please supply the name and relationship of the person for who you are filling out the complaint.
Please explain why you have filed for a third party:

Section III
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Socio-Economic Status <input type="checkbox"/> Other Protected Class
Date of the 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 the 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 or additional sheets of paper.

