



## Title VI Complaint Form and Procedures

Any individual may exercise his or her right to file a complaint with **Bay Community Support Services, Inc.** if that person believes that he or she have been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to MTA within three business days (per MTA requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to MTA.

**A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.**

**Bay Community Support Services, Inc.** includes the following language on all printed information materials, on the agency's website, in press releases, in public notices, in published documents, and on posters on the interior of each vehicle operated in passenger service:

***Bay Community Support Services, Inc. is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color or national origin, as protected by Title VI in the Federal Transit Administration (FTA) Circular 4702.1B. For additional information on Bay Community Support Services, Inc.'s nondiscrimination policies and procedures, or to file a complaint, please visit the website at [www.baycss.org](http://www.baycss.org) or contact Rachel Wallace, 25410 Rosedale Manor Lane, Hollywood, MD 20636.***

**Note:** The Bay-CSS Title VI Complaint Form may be used to submit LEP/LAP complaints as separate and distinct from Title VI.

<b>Section 1:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

<b>Section II:</b>		
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 and relationship of the person 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
<b>Section III:</b>		
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		
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 the names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____		
<b>Section IV:</b>		
Have you previously filed a Title VI complaint with this agency?	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"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____  <input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
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 that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

CMRT Title VI Coordinator  
312 Marshall Ave., Suite 1000  
Laurel, D 20707