



Title VI Complaint Form

Please mail your completed and signed form to: Title VI Officer, Washington Metrorail Safety Commission, 750 First Street, N.E., Suite 900, Washington, DC 20002. Note that a complaint must be submitted in writing within 180 calendar days from the date of the alleged occurrence.

Section I

Name: _____

Address : _____

Telephone Numbers:

(Home) _____ (Work) _____ (Mobile) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print Audio recording TDD _____ Other: _____

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 and relationship of the person for whom you are filing

Please explain why you have filed for a third party.

If you are filing on behalf of a third party, have you obtained the permission of that party to file this complaint? Yes No

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Section III

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes No

If Yes, please list:

Federal agency: _____

State Agency: _____

Local Agency: _____

State Court: _____

Federal Court: _____

Have you filed a lawsuit regarding this complaint? Yes No

If you answered "yes" to either of the two previous questions, please provide a copy of the complaint form and/or lawsuit. Note: If litigation is pending regarding the same issue or issues, the WMSC defers to the decision of the court and will not take action.

Name of office or official you believe discriminated against you:

Office name: _____

Individual (if applicable): _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Basis for complaint, check all that apply: Race Color National Origin

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation. Please also provide any other written materials or other information that may be relevant to your complaint. Note: We cannot accept your complaint without a signature.

Please sign here: _____ Date: _____