



Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "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" (42 U.S.C. Section 2000d).

*St. Mary's Adult Medical Day Care, 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 Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by *St. Mary's Adult Medical Day Care, Inc.*, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

**Program Director**  
**St. Mary's Adult Medical Day Care, Inc.**  
**24400 Mervell Dean Rd.**  
**Hollywood, MD 20636**  
**301-373-6515**  
**[programdirector@stmarysamdc.com](mailto:programdirector@stmarysamdc.com)**

# Title VI Complaint Form

## St. Mary's Adult Medical Day Care Inc.

|   |             |                   |            |
|---|-------------|-------------------|------------|
| <b>Section I:</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 name and contact information of the person(s) who discriminated against you (if known) as well as 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 to Program Director/Title VI Coordinator  
 St. Mary's Adult Medical Day Care, Inc.  
 24400 Mervell Dean Road  
 Hollywood, MD 20636