



**Queen
Anne's
County**

DEPARTMENT OF COMMUNITY SERVICES

104 Powell St
Centreville, MD 21617

Telephone: (410) 758-0848
Fax: (410) 758-4489
TDD: (410) 758-2126
e-mail: aging@qac.org

Director: Catherine R. Willis, LMSW

Civil Rights Appeals Form

The Queen Anne's County Department of Community Services County Ride (County Ride) is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, denied the benefits of, or subjected to discrimination in the receipt of its services. If you have filed a complaint alleging a violation of the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, or other actions that relate to your Civil Rights and are dissatisfied with the results of the investigation into your complaint, this form will begin the process to appeal the decision. This form must be submitted within 30 calendar days after you have received a response from County Ride regarding the conclusion of the investigation. Once completed, return form to:

**QAC County Ride
312 Safety Dr
Centreville, MD 21617**

For an alternative format to submit your Civil Rights complaint, please contact County Ride, at 410-758-2357.

Type of Civil Rights complaint:

- | | | |
|---------------------------------------|----------------------------------|------------------------------------------|
| <input type="radio"/> Race | <input type="radio"/> Disability | <input type="radio"/> Age |
| <input type="radio"/> Color | <input type="radio"/> Gender | <input type="radio"/> Sexual Orientation |
| <input type="radio"/> National Origin | <input type="radio"/> Religion | <input type="radio"/> Gender Identity |

**Note: If your appeal does not relate to discrimination on the basis of one of the items above, please contact County Ride at 410-758-2357.*

Are you filing this appeal on your own behalf? Yes No

If no, why have you filed for a third party? _____

What is your relationship to the person for whom you are filing the appeal? _____

Please confirm you have permission to submit an appeal on behalf of a third-party. Yes No

Appeals Process

Have you submitted this complaint to any other organization? Yes No

If yes, to which organization did you submit this complaint? _____

Original Complaint Details

What date did you receive County Ride’s response to your complaint? _____

Date of Occurrence: _____ Time of Occurrence: _____

Route Number: _____ Boarding Location: _____

Customer Feedback Report Number (if known): _____

Please briefly describe the original complaint. _____

Please tell us why you are appealing this decision

Please describe County Ride’s response to your complaint and why you are appealing this decision. If you received a written response from County Ride, please attach a copy of the response.

Your Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I have read the statement above and affirm that it is true to the best of my knowledge, information and belief.

Signature

Date