



*Queen
Anne's
County*

DEPARTMENT OF COMMUNITY SERVICES

104 Powell St
Centreville, MD 21617

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Director: Catherine R. Willis, LMSW

Civil Rights Complaint 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 feel that you have been discriminated against on the basis of a protected status as listed below, please provide the following necessary information in order to facilitate the processing of your complaint. Please submit your complaint to County Ride by completing this form. If requested, you will receive a response within 20 business days if you've provided sufficient contact information. For an alternative format to submit your Civil Rights complaint, please contact Transit Administrator, QAC County Ride, at 410-758-2357. Once completed, return form to:

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

This procedure is intended to satisfy County Ride's obligation under the Americans with Disabilities Act and Title VI of the Civil Rights Act of 1964 and applies to anyone alleging discrimination *on the basis of protected class status* in County Ride's provision of its services, activities, programs or benefits. This process is designed to provide you with the opportunity to quickly and effectively resolve any issue(s) as it relates to your civil rights and County Ride. Your complaint will be investigated in accordance with County Ride's complaint procedure.

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

Are you filing this complaint 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 complaint? _____

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

Service Details

Date of Occurrence: _____ Time of Occurrence: _____
Route Number: _____ Boarding Location: _____
Direction of Travel: _____ Destination: _____
Vehicle Number: _____ Driver's Name: _____

Please tell us why you are writing to us today

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved including the names and contact information of any witnesses and of those you believe discriminated against you. You may attach any written materials or other information relevant to your complaint.

Your Contact Information

First Name: _____ Last Name: _____ Address: _____
_____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

County Ride staff would like to reach out to you regarding your concerns. Would you be willing to be contacted by a member of County Ride staff if we have further questions?

- Yes, I would answer follow-up questions
- No, I do not want to be contacted

Would you like County Ride to contact you once our investigation is complete?

- Yes, I would like a response
- No, I do not require a response

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

Complainant's Signature

Date