DELMARVA COMMUNITY SERVICES, INC./DELMARVA COMMUNITY TRANSIT COMPLAINT FORM

ADA	ComplaintEE0	J Complaint	LEP Comp	olaint11	TLE VI Complaint
To be filled out by Complainant					
Name:	Last	First			
Date of Co	mplaint:				
Address:			City	State	Zip
Phone Number:			Cell Number:		
Email addı	ress:				
discrimina additional	• •	he location, nan	nes and contact	information o	you believe you were f any witnesses. (Attachno
Signature:			Date:		
Represent	ative Signature:			Dat	e:
You may file a complaint up to 180 days from the date of the alleged discrimination. The complaint must be filed in writing to: Attention: Keith Adkins, Deputy Director: Delmarva Community Services, Inc. 2450 Cambridge Beltway, Cambridge, MD 21613. Phone: 410-221-1900. 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 th floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.					