

TITLE VI/DISCRIMINATION COMPLAINT FORM

Section I

Name: (b)(6) Privacy, (b)(7)(C) Enf. Privacy

Address: (b)(6) Privacy, (b)(7)(C) Enf. Privacy

Telephone Numbers: (b)(6) Privacy, (b)(7)(C) Enf. Privacy

Electronic Mail Address:

(b)(6) Privacy, (b)(7)(C) Enf. Privacy

Accessible Format Requirements?

Large Print NA Audio tape NA

TDD NA Other NA

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 complaining:

Communities of color across the Metropolitan Washington Council of Governments (MWCOG) region

Please explain why you have filed for a third party.

MWCOG is ignoring serious public health risks and the civil rights of communities of color across the MWCOG region. The data and analysis demonstrating these high risks is definitive and readily available. Public comment on this issue since 2022 has virtually been ignored.

If you are filing on behalf

of a third party, have you have obtained the permission of the aggrieved party?

Yes and no. Actually not applicable.

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:

USEPA,

USFHWA.

USFTA

Federal agency Yes _____ State Agency _____

Local Agency _____ 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 or lawsuit. [Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court, and COG will not take action.]

Attached

Name of office or department you believe discriminated against you:

Office or Department

MWCOG as a whole is discriminating against communities of color across the
MWCOG region_____

Name of Individual (if applicable)_____NA_____

Address_____

City_____State_____Zip code_____

Telephone_____

Basis(es) for complaint, check all that apply:

Race Color National Origin Gender Disability

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 of your allegations. Please also provide any other documentation that is relevant to this complaint.

Description of complaint attached. Additional documentation attached.

Please sign here: (b)(6) Privacy, (b)(7)(C) Enf. Privacy (fully signed version sent by US mail)_____

Date:_____July 10, 2023

You may attach any written materials or other information that you think is relevant to your complaint.

Please mail your completed form to: Title VI Officer, Metropolitan Washington Council of Governments, 777 North Capitol Street NE, Suite 300, Washington, DC 20002

Any individual, group of individuals, or entity that believes he/she, they, or it have been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1987, and the Americans with Disabilities Act of 1990, relating to any program or activity administered by COG or its sub-recipients, consultants, and/or contractors, intimidation or retaliation of any kind is prohibited by law, may file a formal complaint with COG's Title VI Officer by completing and signing COG's Title VI Complaint Form. A formal complaint must be submitted in writing within 180 calendar days from the date of the alleged occurrence or when the alleged discrimination became known to the complainant. Complaints should be mailed to Title VI Officer, Metropolitan Washington Council of Governments, 777 North Capitol Street NE, Suite 300, Washington, DC 20002.

COG will acknowledge receipt of the complaint within 5 business days and determine if it accepts the complaint for investigation. Once accepted, COG will notify the parties within 5 calendar days. COG then has 40 calendar days to investigate the complaint. The investigation will be forwarded to the appropriate state agency within 60 calendar days of the acceptance of the complaint. Refer to COG's Nondiscrimination Complaint Procedures for additional information.

A person may also file a complaint directly with the appropriate state agency or the Federal Transit Administration at the following:

Virginia:

Civil Rights Division Administrator
Virginia Department of Transportation
Civil Rights Division
1401 E. Broad St.
Richmond, VA 23219
Telephone: (804) 786-2085
Toll free: (888) 508-3737; (TTY/TDD 711)

Equal Opportunity Compliance Programs
Maryland Transit Administration
6 Saint Paul Street
Baltimore, Maryland 21202
Web: mta.maryland.gov
Telephone: (410) 539-3497 (TTY)

District of Columbia:

U.S. Department of Transportation
Federal Highway Administration
Virginia Division
Office of Civil Rights
400 N. 8th St., Suite 750
Richmond, VA 23219

District Department of Transportation
Office of Civil Rights
55 M Street, SE, Suite 400
Washington, DC 20003
Telephone: (202) 673-6813
Fax: (202) 671-0650

Maryland:

Maryland Department of Transportation
Title VI Program Manager
Office of Diversity and Equity
7201 Corporate Center Drive
Hanover, Maryland 21076

Federal Transit Administration:

FTA Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Alternative formats of this form can be made available upon request. Visit

www.mwcog.org/accommodations or call (202) 962-3300 or (202) 962-3213 (TDD)