



## Title VI Complaint Form

### Section I: Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home):  
\_\_\_\_\_

Telephone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Accessible Format Requirements? (Please select one. If none, go to Section II.)

- Large Print
- Audio Tape
- TDD
- Other: \_\_\_\_\_

### Section II: Third Party Filing

Are you filing this complaint on your own behalf?

- Yes (*If yes, go to Section III*)
- No

If no, please supply the name and relationship of the person for whom you are responding:

\_\_\_\_\_

Please explain why you are filing on behalf of a third party:

\_\_\_\_\_



Do you have permission from the aggrieved party to file this complaint on their behalf?

- Yes
- No

### **Section III: Discrimination Details**

I believe the discrimination I experienced was based on (Check all that apply):

- Race
- Color
- National Origin

Date of Alleged Discrimination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved. Include names 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.

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### **Section IV: Previous Complaint with This Agency**

Have you previously filed a Title VI complaint with Winter Growth, Inc.?

- Yes
- No

### **Section V: Complaint Filed Elsewhere**

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

- Yes
- No



If yes, check all that apply and specify:

Federal agency:

\_\_\_\_\_

State agency:

\_\_\_\_\_

Federal court:

\_\_\_\_\_

Local court:

\_\_\_\_\_

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Please provide contact information for the agency or court where the complaint was filed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

## **Section VI: Agency Complaint Is Against**

Name of agency this complaint is against:

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Additional Information**

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

## **Signature and Date**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Submission Instructions**

Please submit this form in person or by mail to:

Winter Growth, Inc.  
Attn: Human Capital Director  
5466 Ruth Keeton Way  
Columbia, MD 21044

## **Title VI Assurance**

Winter Growth, Inc. operates its programs and services without discrimination based on race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964.