DISCRIMINATION COMPLAINT AGAINST THE BRTB
TITLE VI AND RELATED STATUTES

Contact Information

Name: ____________________________
Address: ____________________________
City: ___________________ State: ___ Zip: ________
Home Phone: ___________________ Work Phone: ___________________
Email: ____________________________

Discrimination Complaint

Name of Staff Person that You Believe Discriminated Against You: ____________________________
Date of Alleged Incident: ____________________________
You were discriminated because of: □ Race □ Color
□ Retaliation □ National Origin (Language)
□ Sex □ Age
□ Familial Status □ Disability
□ Religion □ Other

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:

Signature: ____________________________ Date: ____________

Baltimore Regional Transportation Board
2700 Lighthouse Point East, Suite 310, Baltimore, MD 21224
Phone: 410-732-0500 | Fax: 410-732-8248 | www.baltometro.org