



Queen Anne's County Office of the Sheriff
 505 Railroad Avenue
 Centreville, MD 21617
 410-758-0770
 QueenAnnesSheriff.org

TITLE VI COMPLAINT FORM

Section I				
Name:				
Address:				
Phone (H)	Phone (C)			
Email:				
Section II				
Are you filing this complaint on your own behalf?	Yes*	No		
*If you answered 'Yes' to this question, got to Section III.				
If not, please list the name and relationship of the person for whom you are complaining for:				
Please explain why you have filed for a third party:				
Please confirm that you have permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No		
Section III				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Income Level	<input type="checkbox"/> Limited English Proficiency		

Please continue to the next page.

