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PUBLIC SERVICE COMMISSION

TITLE VI COMPLAINT FORM

Non-Employee Discrimination Form

Before the Maryland Public Service Commission (“Commission”) proceeds with a review, all complaints regarding alleged unlawful discrimination shall be documented in writing on this complaint form. The completed form must be signed, or authorized via electronic mail, by the complainant or that person’s authorized representative. The signed or authorized form must be received by Commission within ninety (90) calendar days of when the alleged unlawful discriminatory act occurred.

If you are not able to submit a written complaint, arrangements can be made for a Commission employee to assist you in converting the verbal complaint into the written complaint form. To submit a verbal complaint, call MD PSC’s main office phone number: (410) 767-8000.

The completed and signed form should either be mailed by U.S. Postal Service to the Commission’s Non-Discrimination Coordinator, Maryland Public Service Commission, William Donald Schaefer Tower, 6 St. Paul Street, 16th Floor, Baltimore, Maryland 21202, or an authorized (electronically-signed) copy may be sent via email to: psc.ndcoordinator@maryland.gov.

The Commission will notify the complainant in writing of its determination as to whether the Commission has jurisdiction or authority to investigate the complaint and whether the Commission finds merit to the allegations to investigate the complaint within fifteen (15) working days from when the Commission’s Non-Discrimination Coordinator receives the signed complaint. Within 180-days of the Commission’s acceptance to investigate a complaint, the Commission will issue a written decision approving or disapproving, in whole or in part, the recommendations in the investigative fact-finding report, unless it is determined that based upon the complexity of the complaint that additional time is needed. If it is determined that additional time is needed for the issuance of the written decision, the specified number of days by which the complaint evaluation will be extended will be conveyed in writing to the complainant. The written decision shall be provided to the complainant.

1) Date the alleged unlawful discriminatory act occurred:

_____/_____/_____
Month Day Year

2) Complainant Contact Information:

First Name

Last Name

Address

City, State and Zip Code

Phone Number

Email Address

3) Does the complainant have a representative? Circle: Yes or No. If yes, provide representative's contact information below:

First Name

Last Name

Address

City, State and Zip Code

Phone Number

Email Address

4) Identify the protected classification upon which the alleged violation is based:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin (including Limited English Proficiency) | <input type="checkbox"/> Gender |
| | <input type="checkbox"/> Retaliation |

5) Provide a specific and detailed description of the decision(s) or action(s) including the date (or date range) which is alleged to have constituted unlawful discrimination in violation of 49 C.F.R. Part 21; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; or the Age Discrimination Act of 1975, as amended. Attach additional page(s) as necessary.

6) Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination:

7) Identify the parties alleged to be subjected to, or potentially impacted by, the alleged discrimination:

8) Complainant's (or representative's) signature and date:

_____ **Signature**

_____ **Date**

For MD PSC Use Only		
Date Complaint Received by Commission	_____ / _____ / _____ Month Day Year	Check <input checked="" type="checkbox"/> Form ONLY <input type="checkbox"/> Additional Pages <input type="checkbox"/> Verbal <input type="checkbox"/>
Date of Alleged Unlawful Discrimination	_____ / _____ / _____ Month Day Year	
Notification Letter Date	_____ / _____ / _____ Month Day Year	Check <input checked="" type="checkbox"/> Decline <input type="checkbox"/> Accept <input type="checkbox"/> Requires More Information <input type="checkbox"/>