

Appendix B- Compliant Form

Charles County Freedom Landing, Inc.

Title VI/LEP- Compliant Form

Name: _____

Address: _____

Telephone: (home): _____ Cell: _____

Email address: _____

Complaint:

I believe the discrimination I experienced was based on: _____

Have you filed this complaint with any other agencies? _____

If yes, list what agencies: _____

Please list any witnesses and their phone numbers: _____

If you are filing this complaint on someone else's behalf, please list their information below:

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Please submit to:

Janice Coard, Transportation Coordinator
Charles County Freedom Landing, Inc.
P.O. Box 939
La Plata, MD 20646
301-932-2737
janice.ccfli@gmail.com