WMATA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Office of Equal Employment Opportunity by calling (202) 962-2582. The completed form must be returned to WMATA Office of Equal Employment Opportunity 300 7th Street, SW, Washington, DC 20024.

(Please print) Section I: Name: Address: Telephone (Home): Telephone (Work): Electronic Mail Address: Accessible Format Requirement? ☐ Large Print ☐ Audio Tape ☐ TDD ☐ Other (specify) Section II: Are you filing this complaint on your own behalf? ☐ Yes* (if yes, go to Section III) ☐ No If not, please supply the name and relationship of the person for who you are filing the complaint. Please explain why you have filed for a third-party: Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third-☐ Yes ☐ No party. Section III: I believe the discrimination I experienced was based on (check all that apply): ☐ Race ☐ Color ☐ National Origin ☐ Other (specify) Date of the Alleged Discrimination (Month, Day, Year): Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information for any witnesses. If more space is needed, please use the back of this form.

Complete reverse side of form

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Section IV:		
Have you previously filed a Title VI complaint with this agency?	Please explain.	☐ Yes ☐ No
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0.6. 1/		
Section V: Have you filed this complaint with any other Federal, State, or local complaint with any other Federal complain	cal agency or with any Federal or State court?	☐ Yes ☐ No
If you have filed this complaint with another entity, please provide	e the information below:	<u> </u>
Agency:	Contact Name:	
Address:	Telephone Number:	
Address.	relephone Number.	
Agency:	Contact Name:	
Address:	Telephone Number:	
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You may attach any written material or other in	formation that you think is relevant to your complaint.	
Too may allastrating influential or other in	ine matter and year amin't e refer and to year complaint	
I affirms that I have used the above above and that it is two to the	hast of my line who has information and halinf	
I affirm that I have read the above charge and that it is true to the	e best of my knowledge, information and belief.	
Complete out of Complete	D (
Complainant's Signature	Date	

Please submit this complaint form to: WMATA Office of Equal Employment Opportunity 300 7th Street, SW, Washington, DC 20024.