



**Salisbury/Wicomico  
Metropolitan Planning Organization**

**Complaint Form**

**Section I:**

Name:

Address:

Telephone (Home):

Telephone (Work)

E-mail Address

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

**Section II:**

Are you filing this complaint on your own behalf?

Yes\*

No

\*If you answered "yes" to this question, proceed to Section III.

If not, please supply the name and

Please explain reason(s) you've filed for a third party:

Please confirm you have obtained the permission of the aggrieved party.

Yes

No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race  Color  National Origin  Other Protected Class

Date of 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 name and contact of the person(s) who discriminated against you (if known), as well as name(s) and contact information of any witnesses.