

Appendix D: Title VI COMPLAINT FORM

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint: (place checkmark)

- Race
- Color
- Sex
- National Origin
- Age
- Disability

Type of Complaint (place checkmark)

Program	Service	Benefit	Activity
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Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization what is its name?

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

Name of Contact _____

How were you discriminated against?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name

Title

Work Phone

Home Phone

Have you filed your complaint with anyone else?

Who _____

When _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

When did you acquire _____

Signed _____ Date _____

Mail to:

Lorry Johnson, Title VI Coordinator
Human Resources Department
105 Ninth St. Unit 32
Watkins Glen, New York 14891
Phone (607) 535-8179

New York State Department of Transportation
Office of Civil Rights
50 Wolf Road, 6th Floor
Albany, NY 12232
(518) 457-1129 Fax (518) 549-1273
OCR-TitleVI@dot.ny.gov

Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor- TCR
1200 New Jersey Ave SE
Washington DC 20590