

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

**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:

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