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: Belinda Hoad, Title VI Coordinator
  Compliance Department
  50 Liberty Street
  Bath, NY 14810
  Phone (607) 776-9467