**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:**

**Leigh Shepard, Title VI Coordinator**

**Regional Compliance Officer**

**34 East State Street**

**Mount Morris, New York 14510**

**Phone (585) 658-4466 ext. 11**