Title VI Complaint of Discrimination Form

Name______________________________________________________________

Address__________________________City__________________________Zip________

Telephone: Home____________ Work____________ Cell____________

Basis of Complaint

Race □  Color □  Sex □  National Origin □  Age □

Disability (ADA) □  Low-Income □  Limited English Proficiency □

Who allegedly discriminated against you?

Name______________________________________________________________Telephone____________________________

Address__________________________City__________________________Zip________

If an organization, what is its name?

Name of Organization________________________________________________Telephone____________________________

Address__________________________City__________________________Zip________

How were you discriminated against?

____________________________________________________________________________

____________________________________________________________________________

Where did the alleged discrimination occur?

____________________________________________________________________________
Date/s and times discrimination occurred?
First time_________________ Second time_________________ Third time_________________

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What can ADAPT do to resolve the complaint?
______________________________________________________________________________
______________________________________________________________________________

Have you filed your complaint with anyone else?
Who __________________________ When __________________________
Complaint number, if known __________________________

Do you have an attorney in this matter?
Name __________________________ When did you acquire __________________________
Address __________________________ City ___________ Zip ___________

Signed ____________________________ Date __________________________

Mail to: ADAPT Community Network
Title VI Coordinator/Chief Compliance Officer
80 Maiden Lane, 8th Floor, New York, NY 10038
Phone (212) 683-6700 x 1132, Email: mmatrone@adaptcommunitynetwork.org

or Office of Civil Rights
Attn: Director
New York State Department of Transportation
50 Wolf Road, Albany, NY 12232
Phone: (518) 457-1129