

**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?**

Name	Title	Work Telephone	Home Telephone

**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, 8<sup>th</sup> Floor, New York, NY 10038  
Phone (212) 683-6700 x 1132, Email: [mmatrone@adaptcommunitynetwork.org](mailto: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