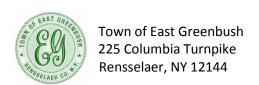


Title VI Complaint Form

Name			
Address		City	Zip
Telephone: Home		Work	Cell
Basis of Complaint			
Race		Age	
Disability (ADA)		Color	
Sex		Low-Income	
Limited English Proficiency		National Ori	gin 🔲
Who allegedly discriminated a	•		
Address		City	Zip
Telephone			
If an organization, what is its	name?		
Name of Organization			
Address		City	Zip
Telephone			



How were you discri	minated against?		
Where did the allege	ed discrimination occur?		
Date/s and times dise	crimination occurred?		
First time			
Second time			
Third time			
Were there any othe	r witnesses to the discrimin	nation?	
Name	Title	Work Telephone	Home Telephone
		L	

What can NYSDOT do to resolve the complaint?

Have you f	filed your complaint with anyone else?			
Who				
Complaint	number, if known			
Do you hav	ve an Attorney in this matter?			
Name				
Address		_ City		
Zip		·		
When did	you acquire			
Signed		Da	te	
Signeu		Du		
Mail to:	New York State Department of Trai	schartation	1	
wian w.	Title VI Coordinator	ispoi tatioi	1	
	Office of Civil Rights			
	50 Wolf Road			
	Albany, New York 12232			
	or			
	Phone (518) 457-1129			
	Email: OCR-Title VI @dot.ny.gov			