



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 Origin

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization, what is its name?

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____



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 NYSDOT 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 _____

Address _____ **City** _____

Zip _____

When did you acquire _____

Signed _____ **Date** _____

Mail to: **New York State Department of Transportation**
 Title VI Coordinator
 Office of Civil Rights
 50 Wolf Road
 Albany, New York 12232
 or
 Phone (518) 457-1129
 Email: OCR-Title VI @dot.ny.gov