

# Title VI Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone No.(\_\_\_\_\_)\_\_\_\_\_

Work Telephone No. (\_\_\_\_\_)\_\_\_\_\_

Were you discriminated against because of:

Race  National Origin  Color  Other \_\_\_\_\_

Date of alleged Incident:\_\_\_\_\_

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include names and contact information of any witnesses. If more space is needed please use the back of the form.

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Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, check all that apply:

\_\_\_\_ Federal agency \_\_\_\_ Federal court \_\_\_\_ State agency \_\_\_\_ State court \_\_\_\_ Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail this form to:

Commissioner of Public Works, 26 Howard Street, Poughkeepsie, NY 12601