Appendix D: Title VI or ADA COMPLAINT FORM

Name __________________________________________________________

Address ___________________________ City ____________ Zip __________

Telephone: Home __________________ Work ____________ Cell ____________

Basis of Complaint: (place checkmark)

Race
Color
Sex
National Origin
Age
Disability

Type of Complaint (place checkmark)

Program Service Benefit Activity

Who allegedly discriminated against you?

Name ______________________________________

Address ___________________________ City ____________ Zip __________

Telephone ___________________________

If an organization what is its name?

Name of Organization ___________________________________

Address ___________________________ City ____________ Zip __________

Telephone ___________________________

Name of Contact _________________________

How were you discriminated against?
Dates and Times of the discrimination that occurred.

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
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Have you filed your complaint with anyone else?

Who ____________________________

When ____________________________

Do you have an Attorney in this matter?

Name ____________________________

Address ____________________________ City ____________________________ Zip ______

When did you acquire ____________________________

Signed ____________________________ Date __________

Mail to:  Colonie Senior Service Centers, Inc.
          Attn: Carol Ripley – Title VI and ADA Coordinator
          6 Winners Circle
          Colonie, NY 12205
          Phone: 518-459-2857 x310
          Fax: 518-459-2062
          e-mail: cripley@colonieseniors.org