

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?

| Name | Title | Work Phone | Home Phone |
|------|-------|------------|------------|
|------|-------|------------|------------|

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.
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