

ATTACHMENT B

**City of Gloversville's Transit System
Title VI Complaint Form**

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint

- | | | | |
|------------|--------------------------|-----------------------------|--------------------------|
| Race | <input type="checkbox"/> | Color | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> | National Origin | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Disability (ADA) | <input type="checkbox"/> |
| Low-Income | <input type="checkbox"/> | Limited English Proficiency | <input type="checkbox"/> |

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? _____

Where did the alleged discrimination occur? _____

Date(s) and time(s) alleged discrimination occurred? 1st time: _____

2nd time: _____ 3rd time: _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the City do to help 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 legal representation? _____

Signed _____ Date _____

Mail to: Title VI Coordinator, Gloversville Transit System

3 Frontage Road, Gloversville, New York 12078

Or by phone or email;

Phone (518) 773-4528 Email: bwarren@cityofgloversville.com