

City of Gloversville

ADA/Civil Rights/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 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 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? _____

Signed _____ Date _____

Mail to: Title VI Coordinator
City of Gloversville
3 Frontage Road
Gloversville, New York 12078
or
Phone (518) 773-4528 Email: bwarren@cityofgloversville.com