Section IV	
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:
Provide information for the contact person at	the agency/court where the complaint was filed.
Name and Title:	
Agency:	
Address:	
Telephone:	
You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below.	
Signature	Date

Please submit this form by mail, email or in person to the address below.

City of Gloversville Transit System Title VI/ADA Coordinator 109 W. Fulton St Gloversville, NY 12078 bwarren@cityofgloversville.com

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVl@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

APPENDIX C: Letter Acknowledging Receipt of Complaint