



Community Options- New York, Inc.

Supporting People with Disabilities since 1989

Title VI 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 discrimination 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:

Executive Director/Title VI Coordinator
216 W. Manlius Street
East Syracuse, NY 13057
FAX (315) 431-0764
Phone (315) 431-9859