

Monroe County
Department of Aviation
Title VI Complaint Form

Name: _____

Address: _____ City: _____ Zip: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Basis of Complaint

- Race
- Color
- Sex
- National Origin
- Age
- Disability (ADA)
- Low-Income
- Limited English Proficiency
- Creed/Religion

Who allegedly discriminated against you?

Name: _____ Address: _____
_____ City: _____ Zip: _____ Telephone: _____

If 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 Department do to resolve the complaint?

Have you filed a 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: _____

Mail to: Title VI Coordinator
Monroe County Department of Human Services
111 Westfall Road Room 754A
Rochester, New York 14620 or
Phone: (585) 753-6909 Email: debbieperna@monroecounty.gov

Note: If assistance in completing this form is needed, contact Monroe County Department of Human Resources, by phone (585) 753-1700 or in person at Room 210, 39 W. Main Street, Rochester, NY 14614-1471 during normal business hours, Monday through Friday, 9:00 am until 5:00 pm.