

**Monroe County
Department of Transportation**

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

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 Department do to 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
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 is in completing this form is needed, contact Monroe County Department of Human Resources, by phone at (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 a.m. until 5:00 p.m.