Appendix D: 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 _____ Print _____ Date _____

Submit to:

Michael Scaries, Title VI Coordinator
Oswego County Opportunities, Inc.
239 Oneida Street
Fulton, NY 13069
(315) 598-4717
Email: mscaries@oco.org

Optional:
In addition, you may also submit this Title VI complaint form to the following office:

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
Email: OCR-TitleVI@dot.ny.gov