City of Albany

Title VI/Non Discrimination Complaint Form

The purpose of this form is to assist you in filing a complaint with the City of Albany. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided if you submit something other than this form.

Name* ____________________________
Address* ____________________________ City ____________ Zip ____________
Telephone*: Home ____________ Work ____________ Cell ____________

Person(s) discriminated against, if different from above:
Name* ____________________________
Address* ____________________________ City ____________ Zip ____________
Telephone*: Home ____________ Work ____________ Cell ____________

Please explain your relationship to this person(s).__________________________________________________________

Basis of Complaint

Race/Ethnicity ☐
Color ☐
National Origin ☐
Limited English Proficiency ☐

Agency and Department or Program that allegedly discriminated against you?*

Name ____________________________
Address ____________________________ City ____________________________ Zip ____________
Telephone ____________________________
Name of Contact ____________________________
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Title VI Complaint Form

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?

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<th>Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
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What can the Department do to resolve the complaint?

____________________________________

____________________________________

____________________________________

Have you filed your complaint with anyone else?

Who ________________________________
When ________________________________
Complaint number, if known ______________
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Do you have an Attorney in this matter?

Name ___________________________  City ___________________  Zip ______
Address __________________________ City ___________________ Zip ______
When did you acquire? ______________________________________

Signed ___________________________  Date ______________

Mail to:  Title VI Coordinator
          City of Albany
          City Hall – Room 301
          24 Eagle Street
          Albany, New York 12207
          Phone: (518) –434-5296