

The premier community resource for people with disabilities and their families

**Saratoga Bridges, NYSARC Inc. Saratoga County Chapter Transportation
TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires the “No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Human Resources Director
Saratoga Bridges
16 Saratoga Bridges Blvd.
Ballston Spa, NY 12020

Please print clearly so that we can respond to your concerns. Attach additional pages if necessary.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell)

Person allegedly discriminated against: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell)

Please indicate why you believe the discrimination occurred:

_____ race or color _____ disability _____ sexual orientation
_____ national origin _____ sex _____ age _____ other

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

(continued)

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Please describe the circumstances as you saw it: _____

Please list any and all witnesses' names and phone numbers: _____

Please attach any documents you have to support the allegation. Date and sign this form and send to the Title VI Coordinator:

Human Resources Director
Saratoga Bridges
16 Saratoga Bridges Blvd.
Ballston Spa, NY 12020

Prepared by (if assistance was provided):

Complainant Signature

Signature

Printed Name

Printed Name

Date

Date Phone Number