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? _______________________________________

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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                                   Phone Number