

Independent Living Center of the Hudson Valley

TITLE VI & ADA 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
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**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 \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Aaron Baier, Title VI Coordinator  
ILCHV  
15-17 Third Street  
Troy, New York 12180  
Phone (518) 274-0701, ext. 105