

**New York State Department of  
Transportation Complaint of Discrimination  
Form**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Basis of Complaint:**

Race \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_\_  
National Origin \_\_\_\_\_  
Age \_\_\_\_\_  
Disability \_\_\_\_\_

**Type of Complaint:**

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?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where did alleged discrimination occur?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date/s and times discrimination occurred?**

First time: \_\_\_\_\_  
Second time: \_\_\_\_\_  
Third time: \_\_\_\_\_

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the Department do to resolve the complaint?

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Have you filed your complaint with anyone else? If so

Who: \_\_\_\_\_

When: \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

Do you have an Attorney in this matter?

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date you acquire Attorney? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Title VI Coordinator  
Office of Civil Rights  
New York State Department of Transportation  
50 Wolf Road  
Albany, New York 12232  
518-457-1129

Fax to: (518)-485-5517 or

E-mail to: OCR-TitleVI@dot.state.ny.us