

City of Rochester
Title VI Complaint Form

Name _____
Address _____ City _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

Basis of Complaint

Race ☐
Color ☐
Sex ☐
National Origin ☐
Age ☐
Disability (ADA) ☐
Low-Income ☐
Limited English Proficiency ☐

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 the 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?

Have you filed your complaint with anyone else?

Who _____

When _____

Complaint number, if known _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

When did you acquire _____

Signed _____ Date _____

Mail to: Title VI Coordinator
City of Rochester Department of Human Resources
30 Church Street, 103A
Rochester, New York 14614

or

Phone: (585) 428-6185

NOTE: If assistance in completing this form is needed, contact the City of Rochester Department of Human Resources by phone at (585) 428-6185 or in person at City Hall, Room 103A, 30 Church Street, Rochester, NY 14614 during normal business hours, Monday through Friday, 9:00 a.m. until 5:00 p.m.