

## **Orange County Title VI Complaint Form**

*Note: The following information is needed to assist in processing your complaint.*

### **Complainant's Information:**

Name: Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

### **Person Discriminated Against (if someone other than complainant)**

Name: Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

### **Which of the following best describes the reason you believe the discrimination took place?**

- Disability
- Race/Color/National Origin
- Other (Specify):

### **I believe that a transit agency has failed to comply with the following program requirements:**

- Americans with Disabilities Act (ADA)
- Title VI of the Civil Rights Act of 1964 (Title VI)
- Other (Specify):

**If you selected Americans with Disabilities Act (ADA) above, specify the type of complaint you are filing, otherwise please skip to next question.**

*(Select all that apply)*

- Paratransit Eligibility (was denied full paratransit eligibility or recertification of eligibility)
- Paratransit On-Time Performance (experienced untimely pickups, missed trips, trip denials, lengthy trips, etc.)
- Other (Specify):

**On what date(s) did the alleged discrimination take place?**

**Describe the alleged discrimination. Explain what happened and whom you believe was responsible (if additional space is needed, add a sheet of paper).**

**List names and contact information of persons who may have knowledge of the alleged discrimination.**

**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.**

Federal Agency                       Federal Court                       State Agency   
State Court                       Local Agency

**If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.**

Name: Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

**Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.**

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

**Attachments:** Yes  No

**Submit form and any additional information to:**

**Commissioner  
Orange County Department of Planning  
124 Main Street  
Goshen, New York 10924  
Fax: (845) 291-2533  
TransitOrange@orangecountygov.com**