

# 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 \_\_\_\_\_

## How were you discriminated against?

\_\_\_\_\_

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**Where did the alleged discrimination occur?**

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

**First time** \_\_\_\_\_

**Second time** \_\_\_\_\_

**Third time** \_\_\_\_\_

**Were there any other witnesses to the discrimination?**

<b>Name</b>	<b>Title</b>	<b>Work Telephone</b>	<b>Home Telephone</b>

**What can the City of Glen Cove do to resolve the complaint?**

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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: Louis Saulino, P.E., Title VI Coordinator**  
**Department of Public Works, City of Glen Cove**  
**City Hall**  
**9 Glen Street**  
**Glen Cove, NY 11542**

**Email to: [lsaulino@cityofglencoveny.org](mailto:lsaulino@cityofglencoveny.org)**