

Title VI and Americans with Disabilities Act (ADA) Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact (716) 438-4068.

1. Complainants' Name _____

2. Street Address _____

3. City, State and Zip Code _____

4. Telephone Number (home) _____ Business _____

Cell _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (check reason)

a. Race/Color _____ d. Age _____

b. National Origin _____ e. Disability _____

c. Gender _____ f. Other _____

7. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use additional paper if additional space is required.

8. Have you filed this complaint with any other federal, state, or local agency; or With any federal or state court? _____ Yes _____ No

If yes, check all that apply:

___ Federal Agency _____ Federal Court _____ State Agency
___ State court _____ Local Agency

9. Please provide information about a contact person at the agency/court where The complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

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

Complainant's Signature

Date

Please submit completed complaint form to:

Peter Lopes, HR Director/Title VI Coordinator
Niagara County Human Resources Department
111 Main Street, Suite G2
Lockport, NY 14094

Phone: 716-438-4068

Fax: 716-438-4077

Email: peter.lopes@niagaracounty.com