

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?

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 City of Glen Cove 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: **Michael Yeosock, P.E., Title VI Coordinator**

 Department of Public Works, City of Glen Cove

 City Hall

 9 Glen Street

 Glen Cove, NY 11542

Email to: **michaelyeosock@glencoveny.gov**