## The Broome County Department of Public Transportation Title VI Complaint Form

Name:						
Address:						
City:		_State:	Zi	ip Code:_		
Home Telephone Number: (_	)					
Work Telephone Number: (_	)					
Were you discriminated again	nst because of	<u>`</u>				
() Race () National Original	gin () Co	olor ()	Other _			
Date of Alleged Incident:						
Explain as clearly as possible involved. Be sure to include please use the back of the for	the names and					

Have you filed this court? Yes		other federal, state	or local agency; or	with any federal or state
If yes, check all that	apply:			
Federal agency	Federal Court	State Agency	State Court	<u>:                                      </u>
Local Court				
Please provide inform	mation about a cont	act person at the a	gency/court where the	he complaint was filed.
Name:				
Address:				
City:		State:	Zip Code:	
Telephone Number:	()			
Please sign below. Your complaint.	You may attach any	written materials	or other information	that you think is relevant to
Signature			Date	
Please mail this form	n to:		00.111.7	

The Broome County Department of Public Transportation 413 Old Mill Road Vestal, NY 13850 Attn: Title VI Coordinator