

Haitian Americans United for Progress, Inc.

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 _____

Name of Contact _____

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 Department to do to resolve the complaint?

Have you filed your complaint with any other federal, state, or local agency; or with any federal or state court? If yes, please indicate to whom below.

Who (court/agency) _____

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: **Amanda Miller, Title VI Coordinator**
 New York State Department of Motor Vehicles
 6 Empire State Plaza, Room 523 Albany, NY
 12228

Fax: (518) 486-5427

Email: Amanda at amanda.miller@dmv.ny.gov