The Arc Chemung-Schuyler and Schuyler County Transit
TITLE VI / ADA COMPLAINT FORM

Complainant Information

Name: _____

Address: _____ _____ _____
Street **City** **Zip**

Telephone: _____ _____ _____
Home **Cell** **Work**

Basis of Complaint: (please check all that apply):

☐ Race ☐ Sex ☐ Age

☐ Color ☐ National Origin ☐ Disability

Type of Complaint (please check all that apply):

☐ Program ☐ Service ☐ Benefit ☐ Activity

Who allegedly discriminated against you?

Name: _____

Address: _____ _____ _____
Street City Zip

Telephone: _____ _____ _____
Home Cell Work

If an organization, what is its name?

Organization Name: _____

Address: _____ _____ _____
Street City Zip

Contact Name: _____ **Contact Phone:** _____

How were you discriminated against?

Where did the alleged discrimination occur?

Dates and times discrimination occurred:

First (1st) Time: _____

Second (2nd) Time: _____

Third (3rd) Time: _____

Were there any other witnesses to the discrimination (List name and contact for each)?

Name	Title	Home Telephone	Work Telephone

What can be done to resolve the complaint?

Have you filed your complaint with anyone else?

Who/Name: _____

When/Date: _____

Do you have an Attorney in this matter?

Attorney Name: _____ **Date Contacted:** _____

Address: _____ _____ _____
Street City Zip

Contact Name: _____ **Contact Phone:** _____

Signed_____**Date** _____

Mail Completed Form to: Mobility Manager
c/o The Arc Chemung-Schuyler
203 12th Street
Watkins Glen, NY 14891
Ph. (607) 535-3555
Fax (607) 535-2666