North East Community Center, Inc.
Title VI Discrimination Complaint Form

Name_____________________________________________
Address___________________________________City_________________Zip________
Telephone: Home_______________ Work______________ Cell_______________

Basis of Complaint:  __Race   __Color   __Sex  __National Origin  __Age  __Disability
Type of Complaint:  __Program Service  __Benefit  __Activity

Who allegedly discriminated against you?
Name of person or organization: __________________________________________
Address______________________________________________________________
City________________ Zip________   Telephone_____________________________
Of an organization, name of contact person:__________________________________

How were you discriminated against?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Where did 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_________________  Telephone:______________

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:   Mollee Alquesta  
NECC Title VI Coordinator  
Mollee@neccmillerton.org  
PO Box 35 Millerton, NY  12546  
518.789.4259

You may also submit your complaint directly to NYSDOT at the following address:

Federal Transit Administration  
Office of Civil Rights  
1200 New Jersey Avenue SE,  
Washington, DC 20590