

The Arc Allegany-Steuben
Title VI & ADA 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 _____

Who discriminated against you?

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

How would you like to see the complaint resolved?

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: Corporate Compliance Officer
Amy Spencer
The Allegany-Steuben
1 Arc Way
Bath, New York 14810 or
Phone (607) 776-4146 Email: amy.spencer@thearcas.org