

# Human First, Inc.

## Title VI Complaint Form

Unless otherwise indicated, applicants are required to complete all required fields as they appear in the application.

### Complainant Contact Information

<b>First Name:</b>	<b>Last Name:</b>
<b>Title:</b>	
<b>Address 1:</b>	<b>Address 2:</b>
<b>City:</b>	<b>State/Zip:</b>
<b>Phone:</b>	<b>Email:</b>

### Basis of Complaint

(check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin
<input type="checkbox"/> Age	<input type="checkbox"/> Disability (ADA)	<input type="checkbox"/> Low-Income	<input type="checkbox"/> Limited English Proficiency

<b>Who allegedly discriminated against you? Include contact information, if available.</b>	
<b>If an organization, what is its name? Include contact information of main office if available.</b>	

How were you discriminated against?

Where did the alleged discrimination occur? Please include all date(s) and time(s) in which the discrimination occurred if there were multiple instances.

Were there any other witnesses? If so, please include their name(s), title(s), and contact information.

What can Human First do to resolve the complaint?

Was this complaint filed with another agency:

- Yes
- No

If Yes, name of agency: \_\_\_\_\_

Were you the recipient of intimidation or retaliatory actions because you filed a complaint?

- Yes
- No

If you retained an attorney for this matter, please provide the contact information below:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date Retained: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p>Mail To: Human First, Inc Title VI Coordinator 80 Maiden Lane, 8<sup>th</sup> Floor New York, NY 10038</p> <p>OR</p> <p>Office of Civil Rights Attn: Director New York State Department of Transportation 50 Wolf Road Albany, NY 11232</p>
--