

CITY OF BUFFALO
TITLE VI COMPLAINT FORM

This form may be used to file a complaint with the City of Buffalo based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Please explain your relationship with the individual(s) indicated above:

Name of agency and department or program that you are alleged discrimination:

Agency or department name: _____

Name of individual (if known): _____

Address of incident: _____

City: _____ State: _____ Zip: _____

Date(s) of alleged discrimination: _____

Date discrimination began: _____

Last or most recent date: _____

ALLEGED DISCRIMINATION:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

___ Race/Color _____ ___ Religion _____

___ National Origin _____ ___ Age _____

___ Sex _____ ___ Disability _____

