



City of Fulton Title VI 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 _____

If an organization, what is its name?

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

What can the City do to help resolve the complaint?

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:

City of Fulton

Attention: Title VI Coordinator

141 South 1st Street

Fulton, NY 13069

or

Phone (315) 592-5381

csmith@cityoffulton.com