



Title VI

Non-Employee Discrimination Complaint Form

Complainant's Name _____

Address _____ City _____ Zip _____

Telephone Number(s): _____ E-Mail Address _____

Person who was allegedly discriminated against (If other than Complainant):

Name _____

Address _____ City _____ Zip _____

Telephone Number(s): _____ E-Mail Address _____

Identify the protected classification(s) upon which the alleged discrimination is based:

- Race _____
- Color _____
- Creed _____
- National Origin _____
- Sex _____
- Limited English Proficiency (LEP) _____
- Disability _____
- Source of Income _____
- Age _____
- Gender, Gender Identity/Expression _____
- Marital Status _____
- Sexual Orientation _____
- Retaliation _____

On what date(s) did the alleged discrimination take place? _____

Where did the alleged discrimination take place? _____

Describe the alleged discrimination. What happened and who (name and title if known) you believe was responsible? (If more space is needed, attach additional documents): _____



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List names and contact information of other persons who may have knowledge of the event?

What can the City do to resolve the complaint?



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Have you filed your complaint with another federal, state, or local agency, or with a federal or state court?

Yes No

If the answer is yes, check all that apply and include the filed complaint information:

Federal Agency _____ Federal Court _____

State Agency _____ State Court _____

Other _____

Complaint information: _____

If you have an Attorney in this matter, please provide the following contact information?

Name _____

Address _____ City _____ Zip _____

Telephone number _____ E-Mail _____

Sign this complaint in the space below. You may attach additional documents or material you believe support your complaint.

Signed _____ Date: _____

Complainant signature

Mail to: Rose M. Nichols
 Title VI Non-Discrimination Coordinator
 City of Rochester Department of Human Resources
 30 Church Street, 103A
 Rochester, New York 14614
 Phone: (585) 428-6509

NOTE: If assistance completing this form is needed, contact the City of Rochester Department of Human Resources by phone at (585) 428-6509 or in person at City Hall, Room 103A, 30 Church Street, Rochester, NY 14614 during normal business hours, Monday through Friday, 9:00 a.m. until 5:00 p.m.