TITLE VI DISCRIMINATION COMPLAINT FORM

This form can be utilized to file a discrimination complaint with the Westchester County Department of Public Works and Transportation. However, in the alternative, you may write a letter with the same information, and then sign and forward it to the addressee below.

Tracking Number: ________________________
(For Office Purposes Only)

Important: A star “*” means the information is required in order for your complaint to be investigated.

1.  * Your name and address

   Name: _________________________________________________________________

   Address: _______________________________________________________________

   Home Telephone Number: _________________________________________________

   Work Telephone Number: _________________________________________________

2.  * The name of the person or company or program area that committed the alleged discrimination.

   Name: _________________________________________________________________

   Address: _______________________________________________________________

   Telephone Number: ______________________________________________________

3.  * Your discrimination complaint is based on (check the appropriate basis)

   ___Race/Color    ___National origin    ___Sex    ___Creed
   ___Age    ___Disability

4.  If you have an attorney helping you with this complaint, provide their contact information.

   ______________________________________________________________________

5.  * When and where did the alleged discrimination take place?

   ______________________________________________________________________
6. * Complaints of discrimination must be filed within 180 days from the date of the alleged act. If the alleged act of discrimination you are filing for took place more than 180 days ago, please explain your delay in filing this complaint.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

7. * Please describe in detail what happened and state the reason(s) you believe you were discriminated against. (You may use additional paper, if necessary.)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

8. Provide the name of any person you would like the investigator to interview or contact for additional information regarding your complaint.

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*Please sign and date the document.

__________________________  ________________________  
Signature of Complainant    Date

Please make a copy of your complaint form for your personal records and mail the original form to:

Commissioner
Department of Public Works and Transportation
148 Martine Ave
White Plains, New York 10601

Title VI discrimination complaints may also be made to the Federal Transit Administration, U.S. Department of Transportation by writing to Federal Transit Administration Office of Civil Rights, Attention: Title VI Program Coordinator, 400 7th Street SW Room 9100, Washington, DC 20590.