

**Town of Amherst**



**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 \_\_\_\_\_

How were you discriminated against?

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Where did the alleged discrimination occur?

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Date/s and times discrimination occurred?

First time \_\_\_\_\_

Second time \_\_\_\_\_

Thirdtime \_\_\_\_\_

Were there any other witnesses to the discrimination?

<b>Name</b>	<b>Title</b>	<b>Work Telephone</b>	<b>Home Telephone</b>

What can the Town of Amherst do to resolve the complaint?

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Have you filed your complaint with anyone else?

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Who \_\_\_\_\_

When \_\_\_\_\_

Do you have an Attorney in this matter? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*If you need assistance completing this form due to a physical impairment, please contact:*

**Robert P. McCarthy, Esq., Title VI Coordinator**  
**Department of Human Resources**  
**5583 Main Street, Williamsville, NY 14221**  
**Phone: 716-631-7025, Fax: 716-631-7065**  
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