

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.

Section IV	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No <i>If yes, check all that apply:</i> ☐ Federal Agency: _____ ☐ Federal Court: _____ ☐ State Agency: _____ ☐ State Court: _____ ☐ Local Agency: _____	
Provide information for the contact person at the agency/court where the complaint was filed.	
Name and Title:	

Agency:	
Address:	
Telephone:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form by mail, email or in person to the address below.

Town of Parma
Diana Christodaro, Title VI/ADA Coordinator
1300 Hilton Parma Corners Rd.
Hilton, NY 14468
finance@parmany.gov

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

**If information is needed in another language, contact us at 585-392-9030.
Si se necesita informacion en otro idioma de contacto, 585-392-9030.**