



TOWN OF PARMA

1300 Hilton-Parma Corners Road
P.O. Box 728
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Town Board
Town Supervisor
James Roose
Councilpersons
David Ciuffo
Tod Ferguson
Linda M. Judd
Thomas J. Sercu

Title VI and ADA Program Plan

COMPLAINT FORM

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Telephone: Home: _____ **Work:** _____ **Cell:** _____

Basis of Complaint: (place circle/checkmark)

Race

Color

Sex

National Origin

Age

Disability

Type of Complaint (place circle)

Program

Service

Benefit

Activity

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?

Dates and times discrimination occurred:

Were there any other witnesses to the discrimination?

Name: _____

Title: _____ Phone #: _____

Have you filed your complaint with anyone else?

Who: _____

When: _____

Do you have an Attorney in this matter?

Name: _____

Address: _____ City: _____ Zip: _____

When did you acquire: _____

Signed: _____ Date: _____

Town of Parma
1300 Hilton Parma Corners Rd.
Hilton, NY 14468
Attn: Diana Christodaro, Title VI Coordinator
Phone (585) 392-9461