

**DISCRIMINATION COMPLAINT FORM
PERTAINING TO CLASSES PROTECTED BY TITLE VI
On the Basis of Race, Color, or National Origin**

NAME: _____

ADDRESS: _____

**TELEPHONE
NUMBER:** _____

DAY & TIME OF INCIDENT: _____

DESCRIPTION OF THE INCIDENT (*Include as much detail as possible including names, bus number and route, if applicable, and a detailed description of the discriminatory act*):

Additional pages may be attached if necessary)

**Submit Form to:
Title VI Coordinator
Putnam County Department of Planning,
Development & Public Transportation
841 Fair Street
Carmel, NY 10512
e-mail: planning@putnamcountyny.gov
Fax: (845) 808-1948**