

TOWN OF WARWICK DIAL A RIDE Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant's Information:

Name: Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

Person Discriminated Against (if someone other than complainant)

Name: Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

Which of the following best describes the reason you believe the discrimination took place?

- ☐ Disability:
- ☐ Race/Color/National Origin
- ☐ Other (e.g. religion, sex, age):

I believe that a transit agency has failed to comply with the following program requirements:

- ☐ Americans with Disabilities Act (ADA):
- ☐ Title VI of the Civil Rights Act of 1964 (Title VI):
- ☐ Other (Specify):

If you selected Americans with Disabilities Act (ADA) above, specify the type of complaint you are filing, otherwise please skip to next question.

(Select all that apply)

- ☐ Paratransit Eligibility (was denied full paratransit eligibility or recertification of eligibility)
- ☐ Paratransit On-Time Performance (experienced untimely pickups, missed trips, trip denials, lengthy trips, etc.)
- ☐ Other (Specify):

On what date(s) did the alleged discrimination take place?

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (if additional space is needed, add a sheet of paper).

List names and contact information of persons who may have knowledge of the alleged discrimination.

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

Federal Agency ☐

Federal Court ☐

State Agency ☐

State Court ☐

Local Agency ☐

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

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

Complainant Signature:

Date: _____

Attachments: Yes ☐ No ☐

Submit form and any additional information to:

**Supervisor of Transportation
Town of Warwick Dial A Ride
63 Public Works Drive
Warwick, NY 10990
845-986-2877
dialabus@warwick.net**

