



HERITAGE
CHRISTIAN SERVICES
People of possibility

Marisa Geitner, President & CEO

Appendix D: ADA & Title VI COMPLAINT FORM

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint: (place checkmark)

Race

Color

Sex

National Origin

Age

Disability

Type of Complaint (place checkmark)

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 _____

CORPORATE OFFICE

275 Kenneth Dr., Suite 100
Rochester, NY 14623-4277

Tel.: 585.340.2000
Fax: 585.340.2006

REGIONAL OFFICE

130 John Muir Dr., Suite 106
Amherst, NY 14228-1139

Tel.: 716.743.2020
Fax: 716.743.1838

TDD: 800.662.1220
HeritageChristianServices.org

How were you discriminated against?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name _____ Title _____

Work Phone _____ Home Phone _____

Have you filed your complaint with anyone else?

Who _____

When _____

Do you have an Attorney in this matter? Yes No

Name _____

Address _____ City _____ Zip _____

Telephone _____

When did you acquire _____

Signed Date _____

Mail to: Dan Ross

Vice President of Compliance and Risk Management
Heritage Christian Services
275 Kenneth Dr., Suite 100
Rochester, NY 14623
(585)340-5773

- You may also contact 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