



HERITAGE
CHRISTIAN SERVICES
People of possibility

Marisa Geitner, President & CEO

Appendix D: ADA & Title VI COMPLAINT FORM

Name _____

Address _____ City _____ State _____ 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 _____ State _____ Zip _____

Telephone _____

If an organization, what is its name?

Name of Organization _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Name of Contact _____

How were you discriminated against? _____

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



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Dates and times discrimination occurred? _____

Were there any other witnesses to the discrimination?

Name _____ Title _____

Telephone: Work _____ Cell _____

Have you filed your complaint with anyone else?

Who _____

When _____

Do you have an Attorney in this matter? Yes No

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____

When did you acquire _____

Signature: _____ Date _____

Mail to: Heritage Christian Services
Dan Ross, Vice President of Corporate Compliance and Risk Management
275 Kenneth Dr., Suite 100, Rochester, NY 14623
Phone: (585) 340-2000

You may also contact:
New York State Department of Transportation Office of Civil Rights
50 Wolf Road, 6th Floor, Albany, NY 12232
Phone: (518) 457-1129 Fax: (518) 549-1273 Email: OCR-TitleVI@dot.ny.gov

Federal Transit Administration
Title VI Program Coordinator
East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590

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