Title VI and ADA Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact:

Corporate Compliance Officer
Lori Peraino
18 Main Street, Mount Morris, NY 14510
Phone: 585-658-2828 Ext 127 or 585-658-2023 (Confidential Corporate Compliance Hotline)
E-Mail: lperaino@lwarc.org

Name_________________________________________________________________
Address_______________________________City________________Zip___________
Phone: Home______________ Work_____________ Mobile___________________
Email: _______________________________________________________________

Basis of Complaint (circle all that apply):

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Origin</td>
<td>Sex/Gender</td>
</tr>
<tr>
<td>Age</td>
<td>Disability</td>
</tr>
<tr>
<td>Retaliation</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Who discriminated against you?

Name
Name of Organization____________________________________________________
Address_______________________________City________________Zip___________
Telephone_____________________________

How were you discriminated against? (Attach additional pages if more space is needed)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Where did the discrimination occur?
______________________________________________________________________
Dates and times discrimination occurred?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you like to see this situation resolved?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who ___________________________ When ___________________________

Status (pending, resolved, etc.) ___________________________ Result, if known ___________________________

Complaint number, if known __________________________________

Do you have an attorney in this matter?

Name ___________________________ Phone ___________________________

Address ___________________________ City ____________ Zip __________

Signed ___________________________ Date ___________________________