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## New York State Department of Transportation Complaint of Discrimination Form

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First Time						
Second Time	e					
Third Time						
ere there a	any other witn	esses to the discri	mination?			
Name		Title		Work Phone	<b>Home Phone</b>	
hat can th	e Department	do to resolve the o	complaint?			
ave you file	ed your compl	aint with anyone e	else?	Yes L N	lo [	
Who						
When						
Complaint n	umber, if know	'n				
o vou have	an Attorney i	n this matter?	Yes	No 🗌		
•	_	ii tiiis matter.	105	110		
Attorney Na Address						
City						
City Zip	_					
Telephone						
When did yo	ni acquire?					
When the ye	ou acquire:					
igned				Date		
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] 1 2	Title VI Coo					
	Office of Civ	_				
		tate Department o	of Transport	ation		
	50 Wolf Roa		O.W.	on FAV (510) 405 5517		
	Phone (518)	y York 12232 457-1129		or FAX (518) 485-5517		
	1 HOHE (310)	73/*11 <i>47</i>	Email: OCR-TitleVI@dot.ny.gov			