

# Senior Network Health, LLC Transportation Title VI and ADA Complaint Form

Section I:				
Your Name:				
Address:				
Telephone (Home):			Telephone (Work/Mobile):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
<p>I believe the discrimination I experienced was based on (check all that apply):</p> <p> <input type="checkbox"/> Race         <input type="checkbox"/> Color         <input type="checkbox"/> National Origin         <input type="checkbox"/> Disability       </p> <p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <p>Agency name complaint is against: _____</p> <p>Location of where the alleged discrimination occurred:- _____</p> <p><b>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

Section IV	
<p><b>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, check all that apply:</i></p> <p><input type="checkbox"/> Federal Agency: _____</p> <p><input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____</p> <p><input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____</p>	
<p><b>Provide information for the contact person at the agency/court where the complaint was filed.</b></p>	
<p><b>Name and Title:</b></p>	
<p>_____</p>	
<p><b>Agency:</b></p>	
<p><b>Address:</b></p>	
<p><b>Telephone:</b></p>	

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

**Signature and date required below.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please submit this form by mail, email or in person to the address below.**

Senior Network Health, LLC Transportation  
Title VI/ADA Coordinator  
1650 Champlin Ave  
Utica, NY 13502  
SNH@mvhealthsystem.org

*This complaint may also be filed directly with 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 or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.*