

APPENDIX B

**Lifetime Assistance, Inc.
425 Paul Rd.
Rochester, NY 14624**

Title VI/ADA Complaint Form

Lifetime Assistance, Inc. Title VI/ADA Complaint Procedure is made available in the following locations:

- Agency Website
- Hard Copies in: Administration Bldg. & the Transportation Bldg. @ 425 Paul Rd. Rochester, NY, 14624
- Agency Title VI Plan

Section I			
Name:			
Address:			
City/State/Zip:			
Telephone (Home):		Telephone (Work):	
Email Address:			
Accessible Format Requirements:		<input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Other _____	
Section II			
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If you answered "yes" to this question, go to section III</i>			
If not, please supply the following of the person for whom you are filing the complaint:		Name:	
		Relationship:	
Have you obtained permission of the aggrieved party to file the complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age		<input type="checkbox"/> Disability <input type="checkbox"/> Low Income <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Sexual Orientation	

Date(s) of Alleged Discrimination (Month, Day, Year): _____

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 use the back of this form or a separate sheet of paper.

Section IV

Have you previously filed a Title VI complaint with this agency? Yes No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check all that apply:

Federal Agency _____ Federal Court _____
 State Agency _____ State Court _____
 Local Agency _____ Other _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

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

Hand written Signature and date required below

Signature

Date

Please submit this form in person or by mail at the address below, or fax this form to:

Corporate Compliance Officer
Lifetime Assistance, Inc.
425 Paul Rd.
Rochester, NY 14624
Phone: (585) 426-4120
Fax: (585) 784-3599
Confidential Corporate Compliance Hotline- 1-877-647 3335- Client Code :lifetime)