

**The Centers at St Camillus Transportation Services
DISCRIMINATION COMPLAINT FORM**

If you feel that our transportation services have been discriminatory for any reason, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Director of Transportation
St. Camillus Residential Healthcare Facility
813 Fay Road
Syracuse, NY 13219
Fax: 315-703-0736

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Home telephone: ()	Work ()	Cell ()
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.		
3. Please provide your name and address.		
Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.		
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission		

11. What actions would you like Transportation Services to take to resolve your concern?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? Yes If yes, check all that apply. No

- Federal Agency (List agency's name) _____ Complaint # _____
- Federal Court (Please provide location) _____ Complaint # _____
- State Court _____ Complaint # _____
- State Agency (Specify agency) _____ Complaint # _____
- County Court (Specify court and county) _____ Complaint # _____
- Local Agency (Specify agency) _____ Complaint # _____

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

Name:	Title:	
Agency:	Telephone: ()	
Address		
City:	State:	Zip Code:

14. Do you have an Attorney in this matter? Yes No

If yes, please provide Name _____
Address _____
City _____ State _____ Zip _____
Phone Number () _____ When did you acquire _____

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

Signature and date is required:

Signature	Date
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If you completed Questions 3, 4 and 5, your signature and date is required

Signature	Date
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