Town of Alburgh
1 North Main St Suite 1
Alburgh, VT 05440
802-796-3468

Americans with Disabilities Act & Title VI Complaint Report

I believe that I have been (or someone else has been) discriminated against on the basis of: (Select all that apply):

Race: ____ Color: ____ National Origin: ____ Disability: ____ Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Complaint: _____

Date & Time of Alleged Discrimination: _____

Location of Incident: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. 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:

Name of agency this complaint is against: _____

Contact Person at Agency: _____

Title/Position of Contact Person: _____

Phone: _____

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

Please add any additional information that is relevant to your complaint:

_____

Adopted 11/09/2026

_____

_____

_____

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_____

Are you filing this complaint on your own behalf? Yes ___ No ___

If no, please provide the following information:

Name of person for whom you are filing: _____

Relationship with person for whom you are filing: _____

Please explain why you are filing this complaint for a third party:

_____

_____

_____

Have you obtained that person's permission to file this complaint? Yes ___ No ___

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

If yes, please provide the following information:

Agency Name: _____

Contact Person at Agency: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date complaint was filed: _____