

Attachment A - ACS (LGBTQIA+) Discrimination Report-Inquiry Form

Please complete appropriate information and submit to the Office of Equity Strategies mailbox at LGBTQ@acs.nyc.gov.
You do not need to have all information indicated for request to be processed.

Type of Request: Resources Placement Discrimination Report

 Other: _____

Date of Incident: _____

Youth Name: _____ DOB: _____

Source of Report/Referral

Name: _____

ACS Division/Provider Agency (if applicable): _____

Relation to Youth: _____

Telephone #: _____ Email Address: _____

Provider Agency Contact Information (where applicable)

Contract Agency: _____

Site/Location: _____

Worker: _____ Telephone #: _____

Email Address: _____

Supervisor: _____ Telephone #: _____

Email Address: _____

Director: _____ Telephone #: _____

Email Address: _____

Legal Information (this may include FCLS attorney)

Attorney Name and Role: _____ Telephone #: _____

Email Address: _____

ACS Contact Information

Borough: _____ Site/Location: _____

Worker: _____ Telephone #: _____

Email Address: _____

Supervisor: _____ Telephone #: _____

Email Address: _____

Manager: _____ Telephone #: _____

Email Address: _____

Legal Information (this may include FCLS attorney)

Attorney Name: _____ Roll: _____

Telephone #: _____ Email Address: _____

Narrative Description of Presenting Concern and Requested Service: