

**STEBEN COUNTY COMPLAINT OF DISCRIMINATION FORM
(TITLE VI POLICY)**

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint:

Race _____

Color _____

Sex _____

National Origin _____

Age _____

Disability (ADA) _____

Low-Income _____

Limited English Proficiency _____ yes _____ no

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization, what is its name?

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

Name of Contact _____

How were you discriminated against?

Where did the alleged discrimination occur?

Date/s and times discrimination occurred?

First time: _____ Second Time: _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can be done to resolve the complaint?

Have you filed your complaint with anyone else?

Who _____

When _____

Complaint number, if known _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

When did you acquire? _____

Signed _____ Date _____

MAIL COMPLETED FORMS TO:
Steuben County Manager's Office
Attn: Chris Brewer
Deputy County Manager/Title VI Coordinator
3 E. Pulteney Square
Bath, NY 14810