

**STEUBEN COUNTY  
TITLE VI COMPLAINT FORM**

*Title VI of the Civil Rights Act of 1964, as amended, and related statutes and regulations require that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."*

If you feel you have been discriminated against, please provide the following information in order to assist us in processing your complaint. Send or deliver completed form to:

**Steuben County Title VI Coordinator  
Christopher Brewer, Deputy County Manager  
Steuben County Office Building  
3 E. Pulteney Square  
Bath, New York 14810  
(607) 664-2244**

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person discriminated against (if someone other than the complainant):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

Race     Color     National Origin     Sex     Age     Disability

What was the date and time of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe how you feel you were discriminated against (You may attach additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

List names and contact information for any and all witnesses:

\_\_\_\_\_

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

Date: \_\_\_\_\_ Complainant's Signature: \_\_\_\_\_