STEUBEN 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?

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<th>Home Telephone</th>
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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