

**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: Mitch Alger  
Deputy County Manager/Title VI Coordinator  
3 E. Pulteney Square  
Bath, NY 14810