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: ____________________________