

# CATTARAUGUS COUNTY

## Title VI: Discrimination Complaint Form

### Section 1

|                                                                                                                                      |          |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|
| Name:                                                                                                                                | Phone #: |
| Address:                                                                                                                             | Email:   |
| Accessible Format Requests: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other: |          |

### Section 2

|                                                                                                                         |                               |                             |                                                          |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|----------------------------------------------------------|
| Are you filing this complaint on your own behalf?                                                                       | <input type="checkbox"/> Yes* | <input type="checkbox"/> No | *If yes, go to Section 3.                                |
| If you answered No, please write the Name and Relationship of the person for whom you are complaining:                  |                               |                             |                                                          |
| Please explain why you have filed for a third party:                                                                    |                               |                             |                                                          |
| Please confirm that you have obtained permission from the aggrieved party if you are filing on behalf of a third party: |                               |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Section 3

I believe the discrimination I experienced was based on (Check all that apply and fill out):

|                                                                     |                                                               |
|---------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Race/Color or Ethnicity<br>Please Specify: | <input type="checkbox"/> National Origin<br>Please Specify:   |
| <input type="checkbox"/> Age<br>Date of Birth:                      | <input type="checkbox"/> Disability<br>Please Specify:        |
| <input type="checkbox"/> Sex/Gender<br>Please Specify:              | <input type="checkbox"/> Income<br>Please Specify:            |
| <input type="checkbox"/> English Proficiency<br>Please Specify:     | <input type="checkbox"/> Retaliation/Other<br>Please Specify: |

Date(s)/Time(s) of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Who allegedly discriminated against you?

| Name | Title (if applicable) | Contact Info |
|------|-----------------------|--------------|
|      |                       |              |
|      |                       |              |
|      |                       |              |

If an organization, what is its name?

| Name of Organization | Contact Info | Name of Contact |
|----------------------|--------------|-----------------|
|                      |              |                 |

# CATTARAUGUS COUNTY

## Title VI: Discrimination Complaint Form Con't.

### Section 3 Con't.

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known). You may write any witnesses and their contact information in here or list below. Please describe the location of the alleged discrimination. If more space is needed, please use the back of this form.

Please list any witnesses to the alledged discrimination:

| Name | Title | Contact Info |
|------|-------|--------------|
|      |       |              |
|      |       |              |
|      |       |              |

### Section 4

Have you previously filed a Title VI complaint with us?

☐ Yes

☐ No

Have you filed this complaint with any other Federal, State or local agency or Court?

☐ Yes

☐ No

If yes, please list, with contact information: \_\_\_\_\_

Do you have an attorney in this matter?

☐ Yes

☐ No

If yes, please list, with contact information: \_\_\_\_\_

What is the resolution you are seeking in this matter? \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person or via mail to the address**

**below:** Cattaraugus County Compliance Officer Designee

303 Court St.

Little Valley, NY 14755

(716) 938-2356