

Title VI Complaint Form

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint

Race

Color

Sex

National Origin

Age

Disability (ADA)

Low-Income

Limited English Proficiency

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization, what is its name?

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

How were you discriminated against?

Where did the alleged discrimination occur?

Date/s and times discrimination occurred?

First time _____

Second time _____

Third time _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can Madison County do 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 to: Scott Ingmire, Title VI Coordinator
Madison County Department of Planning and Workforce Development
PO Box 606
Wampsville, NY 13163

Or

Telephone Number: 315-366-2376

Email address: scott.ingmire@madisoncountv.ny.gov