

Title VI Complaint Form



Madison County
NEW YORK

Name:		
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Accessible Format Required? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TTY/TDD <input type="checkbox"/> Other (Specify)		
Basis of Complaint (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Age	
<input type="checkbox"/> Color	<input type="checkbox"/> Disability (ADA)	
<input type="checkbox"/> Sex	<input type="checkbox"/> Low-Income	
<input type="checkbox"/> National Origin	<input type="checkbox"/> Limited English Proficiency	
Who allegedly discriminated against you?		
Name:		
Address:		
Phone:		
If an organization, what is its name?		
Name:		
Address:		
Phone:		
Explain as clearly as possible what happened and why you were discriminated against.		
Date/s and times discrimination occurred?		
First Time:		
Second Time:		
Third Time:		

Continued Next Page*

Were there any other witnesses to the discrimination?
 Yes, please provide further details below No

<u>Name</u>	<u>Title</u>	<u>Work Telephone</u>	<u>Home Telephone</u>

What can Madison County do to resolve the complaint?

Have you filed your complaint with anyone else? Yes No

Who:

When:

Complaint number, if known:

Do you have an Attorney in this matter? Yes, please provide further details below No
Name:
Address:
When did you acquire?:

Please attach any written materials or other information you feel is relevant to your complaint.

Signed _____ Date _____

Date Please submit this completed Title VI Complaint Form in person at the address below, or mail to:
Title VI Complaint Officer
Madison County Department of Planning and Workforce Development,
PO Box 606
Wampsville, NY 13163
scott.ingmire@madisoncounty.ny.gov