Chemung County
Complaint of Discrimination Form
(Under Title VI of Civil Rights Act)

Name _________________________
Address _________________________ City ___________ Zip ___________
Telephone: Home ___________ Work ___________ Cell ___________

Basis of Complaint

Race  D  D  D  D  D  D  D  D  D  D
Color  D  D  D  D  D  D  D  D  D  D
Sex  D  D  D  D  D  D  D  D  D  D
National Origin  D  D  D  D  D  D  D  D  D  D
Age  D  D  D  D  D  D  D  D  D  D
Disability  D  D  D  D  D  D  D  D  D  D
Low-Income  D  D  D  D  D  D  D  D  D  D
Limited English Proficiency  D  D  D  D  D  D  D  D  D  D

Who allegedly discriminated against you?

Name _________________________
Address _________________________ City ___________ Zip ___________
Telephone: Home ___________ Work ___________ Cell ___________

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
Third time

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
</tr>
</thead>
</table>

What can the Department to do to resolve the complaint?


Have you filed your complaint with anyone else?

Who________________________
When________________________
Complaint number, if known________________________

Did you have an Attorney in this matter?

Name________________________
Address________________________City________________________Zip________________________
When did you acquire________________________

Signed________________________Date________________________

Mail To: Chemung County Director of Personnel and Labor Relations
203 Lake Street
P.O. Box 588
Elmira, NY 14902-0588 or
Phone (607) 737-2812
Email: mmucci@co.chemung.ny.us

Note: If assistance is needed to complete this Title VI Complaint Form, please contact the Chemung County Title VI Coordinator referenced above.