

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

Name	Title	Work Telephone	Home Telephone

What can the Department 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.