

Attachment 2

Title VI Discrimination Complaint Form

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint

Race _____

National Origin _____

Color _____

Disability (ADA) _____

Sex _____

Age _____

Low-Income (Y / N)

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

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 _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

Signed _____ Date _____

Mail to: Planning Director
Agency Name: St. Lawrence County Planning Office
Agency Mailing Address: 48 Court Street, Canton, NY 13617
Phone: (315) 379-2292
Email: planning@stlawco.org