

# APPENDIX IX

## COUNTY OF CLINTON

### Complaint of Discrimination Form Under Title VI of the Civil Rights Act

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf? *If you answered "yes" to this question, go to Section III.			Yes	No
If not please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have received permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
Race      Color      National Origin      Sexual Orientation				
Gender      Age      Disability      Income      Limited English Proficiency				
Date(s) of Alleged Discrimination (Month, Day, Year):				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please describe the location of the discrimination. If more space is needed, please use the back of this form.				

<b>Section IV:</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V:</b>		
Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?	Yes	No
If yes, check all that apply:		
Federal Agency: _____	State Agency: _____	
Federal Court: _____	Local Agency: _____	
State Court: _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI:</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

What is the resolution that you are seeking in this matter?

Do you have an attorney in this matter? If so, please provide the attorney's contact information.

**You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below**

**Signature**

**Date**

**Please submit this form in person at the address below, or mail this form to:**

**Kim Kinblom, Deputy County Administrator, Title VI Coordinator**

**Clinton County Legislative Office**

**137 Margaret Street, Suite 208**

**Plattsburgh, NY 12901**

**Phone (518)-565-4600**

