APPENDIX C
COUNTY OF ALBANY
Complaint of Discrimination Form
Under Title VI of the Civil Rights Act

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
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 obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin [ ] Sexual Orientation

[ ] Sex [ ] 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.

_____

_____

_____

_____
_____
_____
_____

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No

Section V
Have you filed this 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: _____ [ ] Federal Court _____ [ ] State Agency _____ [ ] State Court _____ [ ] Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
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:

Ainsley Thomas
Title VI Coordinator
Division of Affirmative Action
Department of Human Resources
Albany County
112 State Street, Suite 1100
Albany, New York 12207
Phone: (518) 447-7010
Fax: (518) 447-5560
E-mail: titlevicoordinator@albanycountyny.gov