

## ONTARIO COUNTY TITLE VI COMPLAINT FORM

Ontario County operates its programs and services without regard to race, color, national origin, sex, age, disability, limited income or Limited English Proficiency in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI must file a complaint within 60 days of the alleged occurrence to any of the following by mail, in person, and/or email as explained in this form.

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other	
<b>Section II:</b>			
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>			
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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Low Income	<input type="checkbox"/> Limited English Proficiency
Date 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. If more space is needed, please use the back of this form.			
<b>Section IV:</b>			
What type of Corrective Action would you like to see taken?			

**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:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail, email or deliver completed form to:

- Ontario County Attn: Title VI Coordinator/Compliance Officer, 3019 County Complex Drive, Canandaigua, NY 14424, or email to: [Michele.Smith@ontariocountyny.gov](mailto:Michele.Smith@ontariocountyny.gov).
- If any information is needed in an alternative language, contact Title VI Coordinator/Compliance Officer, 3019 County Complex Drive, Canandaigua, NY 14424 or email [Michele.Smith@ontariocountyny.gov](mailto:Michele.Smith@ontariocountyny.gov)