

# GREENE COUNTY

## Title VI Complaint Form

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Basis of Complaint

Race   
Color   
Sex   
National Origin   
Age   
Disability (ADA)   
Low-Income   
Limited English Proficiency

### 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 \_\_\_\_\_

When did you acquire? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Edward I Kaplan  
 Title VI Coordinator  
 Office of the Greene County Attorney  
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 Catskill, NY 12414  
 Phone (518) 719-3540 Email: countyattorney@greencountyny.gov