

- APPENDIX B -

**CHENANGO COUNTY
TITLE VI COMPLAINT FORM**

Title VI of the Civil Rights Act of 1964, as amended, and related statutes and regulations require that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

If you feel you have been discriminated against, please provide the following information in order to assist us in processing your complaint. Send or deliver completed form to:

Chenango County Personnel Officer
5 Court Street
Norwich, NY 13815

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: (Home) _____ (Cell) _____

E-mail address: _____

Person discriminated against (if someone other than the complainant):

Name _____

Address _____

City, State, Zip Code _____

Please indicate why you believe the discrimination occurred:

Race Color National Origin Sex Age Disability

What was the date and time of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe how you feel you were discriminated against (You may attach additional sheets if necessary).

List names and contact information for any and all witnesses:

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date