

- 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