

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): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Income <input type="checkbox"/> 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. _____ _____ _____ _____ _____ _____ _____					

ALBANY COUNTY
COMPLAINT OF DISCRIMINATION FORM
UNDER TITLE VI OF THE CIVIL RIGHTS ACT

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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____		
<input type="checkbox"/> State Court _____ <input type="checkbox"/> 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

ALBANY COUNTY
COMPLAINT OF DISCRIMINATION FORM
UNDER TITLE VI OF THE CIVIL RIGHTS ACT

Please submit this form in person at the address below, or mail this form to:

Galal-Aldeen Cancer
Title VI Coordinator
Division of Affirmative Action
Department of Human Resources
Albany County
112 State Street, Suite 900
Albany, New York 12207
Phone: (518) 447-7010
Fax: (518) 447-5560

E-mail: titlevicoordinator@albanycountyny.gov