

OSR Grievance [Complaint] Form

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Cell):	
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"/> Age			
<input type="checkbox"/> Disability			
<input type="checkbox"/> Race			
<input type="checkbox"/> Color			
<input type="checkbox"/> National Origin			
Date of Alleged Discrimination (Month, Day, Year): _____			
<p>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.</p> <hr/> <hr/> <hr/> <hr/> <hr/>			

Section IV		
Have you previously filed a Title VI complaint with OSR?	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:		

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

Signature

Date

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

Putnam County Office for Senior Resources
 Attn: Director
 110 Old Route 6, Donald B. Smith Government Campus, Building #3, Carmel, NY 10512