

DISCRIMINATION COMPLAINT FORM
 PERTAINING TO CLASSES PROTECTED BY TITLE VI
 On the Basis of Race, Color, or National Origin

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email 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 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				
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 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/>				

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Section IV:

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V:

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?

Yes No

If yes, check all that apply:

Federal Agency _____

Federal Court _____ State Agency _____

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<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:	

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:

Title VI Coordinator
Putnam County Department of Planning, Development & Public Transportation
841 Fair Street
Carmel, NY 10512
Email: planning@putnamcountyny.gov
Fax: (845) 808-1948