



Tompkins County, New York
TITLE VI COMPLAINT FORM

Notice: If you are unable to use this complaint form, please contact the Department of County Administration at 607-274-5551 to arrange an alternate means of filing a complaint.

Complaint Forms must be filed within 180 days of the alleged discrimination to:

Tompkins County Compliance Officer
Department of County Administration
125 East Court Street, Old Jail Building, 3rd Floor
Ithaca, New York 14850

I. INFORMATION ABOUT THE COMPLAINANT

Name: _____ Date: _____
(Please Print First Name and Last Name)

Address: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Designated Person to contact if you cannot be reached:

Name _____ Relationship _____ Phone: _____

II. INFORMATION ABOUT THE COMPLAINT

(Please provide the following information about the alleged County staff person/department you believe discriminated against you or if you believe you were discriminated against in relation to any program, service, or activity administered by Tompkins County as well as any organization or persons conducting business on behalf of the County.)

Name (of County staff person): _____ Title: _____

Department/Program/Service/Activity: _____ Date of alleged discriminatory act(s): _____

Basis of complaint (e.g., race, color, national origin, disability, etc.):

Please explain as clearly as possible what happened and why you believe you were discriminated against:

Please indicate other agencies (Local, State, or Federal) where this same complaint has been filed:

Please indicate a suggested remedy you propose or an explanation of the actions the County has taken or proposed to resolve the issue raised in the complaint:

Completed by: _____
(Complainant Signature or Signature of Complainant's Representative)

III. ROUTING AND PROCESSING (OFFICE USE ONLY)

Complaint submitted: In Person USPS Mail Fax Email Online (via County website)

Compliant Form received by: _____ Date: _____
(Please Print both First and Last Name of County Representative)