



Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires 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 by Cayuga County, please provide the following information in order to assist us in processing your complaint and send it to:

Cayuga County Offices
County Administrator's Office
160 Genesee Street, Floor 2
Auburn, NY 13021

If you have questions about how to prepare a Title VI Complaint Form, you may contact the County Administrator's Office at (315) 253-1525. More information about "How to File a Title VI Complaint" may be found on Cayuga County's website at www.cayugacounty.us.

Important: We cannot accept your complaint without a signature, so please sign and date on the last page of the form.

Section I

Name: _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____

Accessible Format Requirements? Large Print _____ Audio tape _____

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

What is the Basis of the Complaint? Please check all that may be applicable:

- Race
- Color
- Gender
- National Origin
- Age
- Disability (ADA)
- Low-Income
- Limited English Proficiency

Section IV

Who allegedly discriminated against you?

Name of Person or Agency: _____ Title: _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____

Section V

How were you discriminated against?

Where did the alleged discrimination occur?

Date(s) and time(s) discrimination occurred?

First Time: _____

Second Time: _____

Third Time: _____

Were there any witnesses to the alleged discrimination?

Name	Title	Work	Home

What can Cayuga County do to resolve the complaint?

Have you filed your complaint with any other Federal, State or local agencies?

Person or Agency Name: _____

Date: _____

Complaint Number (if known): _____

Please Sign Here: _____

Date: _____

**** [Note—Cayuga County cannot accept your complaint without a signature.]**