



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.)

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

County Department: _____ 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)