



ALBANY COUNTY
COMPLAINT OF DISCRIMINATION FORM
UNDER TITLE VI OF THE CIVIL RIGHTS ACT

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, move on to Section III

If not, please provide 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):

☐ Race ☐ Color ☐ National Origin ☐ Sexual Orientation ☐ Sex ☐ Age ☐ Disability
☐ Income ☐ Limited English Proficiency

Date(s) of Alleged Discrimination (Month, Day, Year): _____

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. Please describe the location of the discrimination. If more space is needed, please use the back of this form.



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Section IV:

Have you previously filed a Title VI complaint with the agency? ☐ Yes ☐ No

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 _____ ☐ State Court _____

☐ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____ Agency: _____

Address: _____ Phone Number: _____

Section VI:

Name of agency complaint is against:

Contact Person: _____ Title: _____ Phone Number: _____

What is the resolution that you are seeking in the matter?

Do you have an attorney in this matter? If so, please provide the attorney's contact information.

You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date



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

Tyrell Gladden
Title VI Coordinator
Division of Affirmative Action
Albany County Department of Human Resources
112 State Street, Suite 900
Albany, New York 12207
Phone: (518) 447-7010
Fax: (518) 447-5560

Or e-mail your form to: titlevicoordinator@albanycountyny.gov