

## **Orange County Title VI Complaint Form**

*Note: The following information is needed to assist in processing your complaint.*

### **Complainant's Information:**

Name:

Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

### **Person Discriminated Against (if someone other than complainant)**

Name:

Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

### **Which of the following best describes the reason you believe the discrimination took place?**

Race/Color (Specify):

National Origin (Specify):

Other:

### **On what date(s) did the alleged discrimination take place?**

**Describe the alleged discrimination. Explain what happened and whom you believe was responsible (if additional space is needed, add a sheet of paper).**

**List names and contact information of persons who may have knowledge of the alleged discrimination.**

**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.**

Federal Agency                       Federal Court                       State Agency   
State Court                       Local Agency

**If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.**

Name:

Address:

City/State/Zip Code:

Telephone Number (Home):

Telephone Number (Work):

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

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachments:** Yes  No

**Submit form and any additional information to:**

**Commissioner  
Orange County Department of Planning  
124 Main Street  
Goshen, New York 10924  
Fax: (845) 291-2533  
TransitOrange@orangecountygov.com**