Allegany County Access Allegany Complaint of Discrimination Form

Name _________________________________________________

Address ________________________________ City ___________________ State _______ Zip ___________

Telephone: Home _________________________________ Mobile ________________________________

Basis of Complaint:
___Race ___Creed ___Color ___Gender ___Age ___National Origin ___Religion
___Disability ___Sexual Orientation ___Marital Status ___Vietnam-era Veteran Status

Type of Complaint:
___ Program          ___Service          ___Benefit          ___Activity

Who allegedly discriminated against you? Name ________________________________________________

Address _______________________________________________________ Telephone __________________

If an organization, what is the name of the organization? _________________________________________

Address _______________________________________________________ Telephone __________________

Name of Contact Person __________________________________________________

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 discrimination?

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<th>Mobile Telephone</th>
<th>Home Telephone</th>
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What can Allegany County do to resolve the complaint?
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you filed your complaint with anyone else? Who ________________________________________________
When ______________________ Complaint Number, if known ______________________________________

If you have an attorney in this matter, please provide the following information:

Name _______________________________________________ Telephone ___________________________
Address ____________________________________________ City ___________________ State _______ Zip ___________
When did you acquire an attorney? _____________________________________________________

Signature of Claimant or Representative:
Signed __________________________________________________________
Date ____________________________________________
Relationship to Claimant if Representative ________________________________

Submit completed form to Allegany County by one of the following methods:

Mail to: Allegany County Administrator
County Office Building, Room 207
7 Court Street
Belmont, New York 14813

Fax to: 585-268-9623