



CITY OF ELMIRA NEW YORK

TITLE VI COMPLAINT FORM

Section I

Name: _____

Home Address (Street No., City, State, Zip code):

Telephone: _____

Electronic Mail Address: _____

Section II

Are you filing this complaint on your own behalf? Yes [] No []

(If you answered "yes" to this question, please go to Section III)

If you answered "no", 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

1. I believe the discrimination I experienced specifically related to the (*specify project or activity*) under Title VI was based on (*check all that apply*):

[] Race [] Color [] National Origin

2. I believe the discrimination I experienced within the City of Elmira was based on:

[] Race [] Color [] National Origin

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

4. 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 witness. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with the City of Elmira? Yes [] No []
If yes, set forth the date of filing: _____

Section V

Have you filed this complaint with any other Federal, State or local agencies, or with any Federal or State court? Yes [] No []

If yes, check all that apply:

Federal Agency	[]	State Agency	[]
Federal Court	[]	Local Agency	[]
State Court	[]		

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

Name: _____
Title: _____
Agency: _____
Address: _____
Telephone: _____

Section VI

Name of agency complaint is against: _____
Contact Person: _____
Title: _____
Telephone: _____

Signature: _____ **Date:** _____, 20____

Please submit this form in person at the address below, or mail this form to: Elmira City Clerk's Office, City Hall, 1st Floor, 317 East Church Street, Elmira, NY 14901