



## **Title VI Complaint Form**

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Title VI of the 1964 Civil Rights Act requires that "no person in the United State shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." If you feel you have been discriminated against by the City of Auburn, please provide the following information in order to assist us in processing your complaint and send it to:

City of Auburn  
City Manager's Office  
Memorial City Hall, Suite 213  
24 South Street  
Auburn, NY 13021

If you have questions about how to prepare a Title VI Complaint Form, you may contact the City Manager's Office at (315) 255-4146. More information about "How to File a Title VI Complaint" may be found on the City of Auburn website at [www.auburnny.gov](http://www.auburnny.gov) and the City of Auburn Human Rights Commission.

Important: We cannot accept your complaint without a signature, so please sign and date on the last page of the form.

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### **Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements? Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

Other \_\_\_\_\_

### **Section II**

Are you filing this complaint on your own behalf?

Yes \_\_\_\_ No \_\_\_\_

[If you answered "yes" to this question, go to Section III.]

If not, please supply 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**

What is the Basis of the Complaint? Please check all that may be applicable:

- Race
- Color
- Gender
- National Origin
- Age
- Disability (ADA)
- Low-Income
- Limited English Proficiency

**Section IV**

Who allegedly discriminated against you?

Name of Person or Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Section V**

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 alleged discrimination?

Name	Title	Work Telephone	Home Telephone

What can the City of Auburn do to resolve the complaint?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you filed your complaint with any other Federal, State or local agencies?

Person or Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

Complaint number (if known): \_\_\_\_\_

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**Please sign here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

[Note – The City cannot accept your complaint without a signature.]