

# Yates County Complaint of Discrimination Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Basis of Complaint:

Race \_\_\_\_\_

Color \_\_\_\_\_

Sex \_\_\_\_\_

National Origin \_\_\_\_\_

Age \_\_\_\_\_

Disability (ADA) \_\_\_\_\_

Low-Income \_\_\_\_\_

Limited English Proficiency \_\_\_\_\_ yes \_\_\_\_\_ no

## Who allegedly discriminated against you?

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

## If an organization, what is its name?

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Contact \_\_\_\_\_

## How were you discriminated against?

\_\_\_\_\_  
\_\_\_\_\_

## Where did the alleged discrimination occur?

\_\_\_\_\_  
\_\_\_\_\_

## Date/s and times discrimination occurred?

First time: \_\_\_\_\_

Second Time: \_\_\_\_\_

**Were there any other witnesses to the discrimination?**

<b>Name</b>	<b>Title</b>	<b>Work Telephone</b>	<b>Home Telephone</b>

**What can be done to resolve the complaint?**

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**Have you filed your complaint with anyone else?**

**Who** \_\_\_\_\_

**When** \_\_\_\_\_

**Complaint number, if known** \_\_\_\_\_

**Do you have an Attorney in this matter?**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**When did you acquire?** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail to:** Yates County Highway Department  
Attn. Highway Superintendent  
939 Rte. 14A  
Penn Yan, NY 14527