



Civil Rights Complaint Form

Name: _____

Address: _____
City State

Telephone: _____
Home Work Cell

Basis of Complaint:

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

Who allegedly discriminated against you?

Name: _____

Address: _____
City State

Telephone: _____
Home Work Cell

If an organization, what is its name?

Name of Organization: _____

Name of person: _____

Address: _____
City State

Telephone: _____

How were you discriminated against?

Where did the alleged discrimination occur?

Dates and times discrimination occurred?

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the agency to do to resolve the complaint?

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 State

Telephone: _____

When did you acquire? _____

Signed _____ Date _____

Mail to:

The Arc Erie County New York
Attn: Julianne Krause
Title VI Coordinator
Director of Human Resources
30 Wilson Rd. Williamsville, N.Y. 14221
OR
Phone: (716) 458-1026
Email: jkrause@arceriecounty.org

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