

This notice is posted at the OPT Office (104 Main Street, Oneonta), on all City of Oneonta buses, and at City Hall (258 Main Street, Oneonta).



## TITLE VI DISCRIMINATORY CONDUCT COMPLAINT FORM

Title VI of the Civil Rights Act provides that no person shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any City of Oneonta program or activity that receives federal funding. If you have a complaint under Title VI, complete this form and submit it to the City of Oneonta Human Resources Director, 258 Main Street, Oneonta, NY 13820. Completing this form in no way deprives you of the right to file a complaint with the U.S. Office of Civil Rights, New York State Division of Human Rights, or the Federal or State courts.

**\*INFORMATION PROVIDED WILL BE CONFIDENTIALLY MAINTAINED\***

### I. Complainant Contact Information

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

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

Phone / Email: \_\_\_\_\_

### II. Authorized Representative Information

Are you filing this complaint on behalf of another person? Please circle: YES NO

If NO, please skip to section III.

If YES, please indicate your contact information below:

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

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

Phone / Email: \_\_\_\_\_

### III. Complaint Basis

Date conduct occurred (on or about): \_\_\_\_\_

Is the alleged discrimination continuing? Please circle: YES NO

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. If more space is needed, please use the back side of this form or a separate sheet of paper.

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Name(s) of person(s) you feel discriminated against you: \_\_\_\_\_

Name(s) and contact information of any potential witness(es):

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I believe that I was discriminated against because of (please check all that apply):

- Race
- Color
- National Origin
- Other: \_\_\_\_\_

**IV. What do you feel the City can do to resolve your complaint?**

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**V. Complaint Filing Information**

Have you filed this Complaint with any other federal, state or local agency or with any federal or state court? (Please circle):    YES    NO

If YES, please indicate to which agency your complaint was submitted: \_\_\_\_\_

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**VI. Affirmation**

I swear or affirm that I have read the above related facts, as well as any facts which are submitted on attached sheets, and that the statements are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date