

**Title VI of the 1964 Civil Rights Act  
Discrimination Complaint Form**

Instructions: Please fill out this form in black ink or type. Sign and return to the address on the next page. Alternate means of filing a complaint, such as a personal interview or audio recording, will be made available upon request.

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

Home phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Department/Departments you believe have discriminated:  
\_\_\_\_\_

Where did the alleged discrimination take place?  
\_\_\_\_\_  
\_\_\_\_\_

When did the alleged discrimination occur? (Date/Time) \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who allegedly discriminated (if applicable) or services in violation of the 1964 Civil Rights Act or its amendments. Attach additional pages if necessary.

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

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

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

If yes, with what agency or court? \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Do you intend to file with another agency or court?

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

Agency or Court: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Return To:

Town of Newfield  
Attn: Blixys Taetzsch  
166 Main Street  
Newfield, NY 14867