



Cortland County Civil Rights Complaint Form

*Notice: Anyone who cannot use this form or who needs assistance filling it out should call
Cortland County Public Transportation Title VI Officer at 607-756-3416

Section I: Complainant Information

Name:

Address:

Telephone (Home):

Telephone (Mobile):

Email Address:

Section II: Information

Are you filing this complaint on your own behalf? (*If yes, continue to Section III*) Yes No

If you answered no, 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: Description

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Religion
 Age Gender Sex Disability

Date of Alleged Discrimination (Month, Day, Year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved and where the alleged discrimination took place. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses.

If more space is needed, please use the back of this form.

Section IV: Previous Complaints with Cortland County

Have you previously filed a discrimination complaint with Cortland County? (If no, continue to Section V)

Yes No

Date of Alleged Discrimination (Month, Day, Year):

My previous complaint about discrimination was based on?

Race Color National Origin Religion
 Age Gender Sex Disability

Any additional details?

Section V: Previous Complaints with Other Agencies

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Date of Alleged Discrimination (Month, Day, Year):

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below.

Signature

Date

Please submit this form to the address below:

Melissa Potter, MPH, Cortland County Public Transportation Title VI Officer
County Office Building, Planning Department Rm 114, Cortland, NY 13045
mpotter@cortland-co.org | 607-756-3416