

City of Auburn, New York  
**Human Rights Commission**

315-252-2929



**Human Rights Commission Intake & Title VI, ADA & LEP Plan Complaint Form**

<i>Name of Complainant:</i>	<i>Date of Incident:</i>	<i>HRC Staff:</i>
<i>Person Harmed:</i>	<i>Date of Complaint:</i>	<i>Mode of Contact:</i>
<i>Mailing Address:</i>	<i>Phone Number(s):</i>	<i>Referred By:</i>
<i>Town:</i> <i>Zip:</i>	<i>Email:</i>	

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Does Complainant believe that they have experienced discrimination? Yes    No    Not Sure

If Yes, by whom? \_\_\_\_\_ From what program or location? \_\_\_\_\_

If Yes, I believe this discrimination was because of my (check all that apply):

☐ Sex                      ☐ Race/Color (specify: \_\_\_\_\_)                      ☐ Ethnicity (specify: \_\_\_\_\_)  
☐ National Origin    ☐ Primary Language (specify: \_\_\_\_\_)                      ☐ LGBT Identity or Expression  
☐ Disability                      ☐ Other (specify: \_\_\_\_\_)

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**Summary of Allegations:**

(Type complaint details in this box):

**Complaint Category:**

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Have you tried to resolve this situation before making this complaint?

Answer:

What would you like to see happen as a result of this complaint?

Answer:

Please Print this Document and sign Below

X \_\_\_\_\_  
signature

<b>For Office Use Only:</b> ___ Title VI ___ ADA Title II ___ LEP ___ Other:	Sex:            Age: Race/Ethnicity: Religion: Immigrant/Refugee:	ESL: Primary Language: LGB: Gender Identity:	Person with Disability:  Deaf/HOH or Blind/VI: Mental Health Issues
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