Oswego County Opportunities Inc.
Helping People. Supporting Communities. Changing Lives
239 Oneida St., Fulton NY 13069 PHONE: 315.598.4717 / 1.800.359.1171 FAX: 315.592.7533 WEB: www.oco.org

COMPLAINT FORM

Please check: ☐ ADA or ☐ Title VI

Name _____

Address _____City _____ Zip _____

Telephone: Home_____ Work_____ Cell_____

Basis of Complaint: (place checkmark}

___ Race
___ Color
___ Sex
___ National Origin
___ Age
___ Disability

Type of Complaint (place checkmark)

Program ___ Service ___ Benefit ___ Activity ___

Who allegedly discriminated against you?

Name _____

Address _____City _____ Zip _____

Telephone _____

If an organization what is its name?

Name of Organization _____

Address _____City _____ Zip _____

Telephone _____

Name of Contact _____

How were you discriminated against?

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Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name _____ Title _____Work Phone _____ Home Phone _____

Have you filed your complaint with anyone else?

Who_____

When _____

Do you have an Attorney in this matter?
Name _____

Address _____City _____ Zip _____

When did you acquire _____

Signed _____ Print _____ Date _____

Submit to:

Michael Scaries,
Title VI Coordinator
Oswego County Opportunities, Inc.
239 Oneida Street
Fulton, NY 13069
(315) 598-4717
Email: mscaries@oco.org

Optional:
In addition, you may also submit this ADA/ Title VI form to the following office:

New York State Department of Transportation
Office of Civil Rights
50 Wolf Road, 6th Floor
Albany, NY 12232
(518) 457-1129 Fax (518) 549 1273
Email: OCR-TitleVI@dot.nt.gov