Onondaga County / Syracuse
Human Rights Commission

Joanne M. Mahoney
County Executive

Onondaga County Justice Center Oversight Committee
John H. Mulroy Civic Center, Basement Suite 19
421 Montgomery Street, Syracuse, New York 13202
Phone: 315.435.3565 • Free call from Jail & Jamesville Prison: 315.435.3567
www.ongov.net/humanrights

Barrie Gewanter
Executive Director

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

Name of Complainant:	**Date of Complaint:**	**HRC Staff:**
Person Harmed:	**Date of Summary:**	**Mode of Contact:**
Mailing Address:	**Phone Numbers:**	
Town: **Zip:**	**Email:**	**Referred By:**

Does Complainant believe 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 Gender Expression
___ Disability ____ Other (specify: _____)

Summary of Allegations:

Complaint Category:

_____

_____

_____

_____

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_____

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Name of Complainant **Date of Intake/Complaint:**

Continued Summary of Allegations:

_____

_____

_____

_____

_____

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_____

_____

_____

How have you tried to resolve this situation prior to making this complaint? _____

_____

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

_____

For Office Use Only	Sex : Age :	ESL :	Person with Disability:
___ Title VI ___ ADA Title II ___ LEP	Race/Ethnicity : Religion : Immigrant/Refugee:	Primary Language: LGB : Gender Identity:	Deaf/HOH or Blind/VI: Mental Health Issue(s):
___ Other:	**Notes:**		