



County of Onondaga
Office of Diversity and Inclusion

John H. Mulroy Civic Center, 15th Floor
421 Montgomery Street, Syracuse, New York 13202

Phone: 315.435.3565
Human Rights: 315.435.3565
MWBE: 315.435.5065

www.ongov.net

J. Ryan McMahon, II
County Executive

Monica Williams
Chief Diversity Officer

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:	Referred By:
Town:	Zip:	Email:	

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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Name of Complainant

Date of Intake/Complaint:

Continued Summary of Allegations:

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? _____

<i>For Office Use Only</i> <input type="checkbox"/> Title VI <input type="checkbox"/> ADA Title II <input type="checkbox"/> LEP	Sex : Race/Ethnicity : Religion : Immigrant/Refugee:	Age : ESL : Primary Language: LGB : Gender Identity:	Person with Disability: Deaf/HOH or Blind/VI: Mental Health Issue(s):
<input type="checkbox"/> Other:	Notes:		