



## Civil Rights Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State

Telephone: \_\_\_\_\_  
Home Work Cell

### Basis of Complaint:

- |                             |                          |
|-----------------------------|--------------------------|
| Race                        | <input type="checkbox"/> |
| Color                       | <input type="checkbox"/> |
| Sex                         | <input type="checkbox"/> |
| National Origin             | <input type="checkbox"/> |
| Age                         | <input type="checkbox"/> |
| Disability (ADA)            | <input type="checkbox"/> |
| Income                      | <input type="checkbox"/> |
| Limited English Proficiency | <input type="checkbox"/> |

### Who allegedly discriminated against you?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State

Telephone: \_\_\_\_\_  
Home Work Cell

### If an organization, what is its name?

Name of Organization: \_\_\_\_\_

Name of person: \_\_\_\_\_

Address: \_\_\_\_\_  
City State

Telephone: \_\_\_\_\_

**How were you discriminated against?**

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**Where did the alleged discrimination occur?**

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**Dates and times discrimination occurred?**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Were there any other witnesses to the discrimination?**

Name	Title	Work Telephone	Home Telephone

**What can the agency to do to resolve the complaint?**

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**Have you filed your complaint with anyone else?**

Who \_\_\_\_\_

When \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

**Have you obtained an Attorney to represent you in this matter?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State

Telephone: \_\_\_\_\_

When did you acquire? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:**

sasi

Attn: Karen Keyes

Chief People Officer/Title VI Designee

Chief People Officer

960 West Maple Court, Elma New York 14059

OR

**Phone:** (716) 805-1555

**Email:** Karen.Keyes@sasinc.org

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