

**Town of Ulysses
Title VI of the 1964 Civil Rights Act
Discrimination Complaint Form (continued)**

Contact Person: _____

Address: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Return to:

Town of Ulysses
Attn: Blix Taetzsch
10 Elm Street
Trumansburg, NY 14886
bookkeeper@townofulyssesny.gov