

**Environmental Facilities Corporation  
Federal Civil Rights Violation Complaint Form**

Please complete and submit this form if you believe that, on the basis of race, color, national origin (including Limited English Proficiency), disability, sex, or age, you have been excluded from, denied the benefits of, or subjected to discrimination under any program or activity administered by NYSEFC, its sub-recipients, or contractors.

**Complainant Contact Information \*Required**

\*Full Name: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip:

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

**\*What is your preferred method for NYSEFC to contact you?**

Telephone       Email       U.S. Postal Service

**\*Are you filing this complaint for yourself or on behalf of someone else?**

For myself  
 On behalf of someone else. Here is my name and relationship to the complainant, and my affirmation that I have permission to file the complaint on their behalf:

**Name:**

**Relationship:** \_\_\_\_\_

By checking this box, I affirm that I have permission to file this complaint on behalf of the Complainant.

**\*Your claim of discrimination under Federal Civil Rights Laws is being made against what entity, program, service, activity, or individual:**

\*Name:

\*Location of incident: \_\_\_\_\_

\*Date discrimination occurred: \_\_\_\_\_ Other Dates: \_\_\_\_\_

\*Is the discrimination continuing?       Yes       No       Maybe

**\*Your claim of discrimination is based upon** (place an "X" to all that apply)

<input type="checkbox"/> Age	<input type="checkbox"/> National Origin
<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> Race	<input type="checkbox"/> Sex
<input type="checkbox"/> Limited English Language Proficiency	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Other: _____	

**\*Please describe how, when, and where the alleged discrimination occurred. Include as much background information as possible about the alleged act(s) of discrimination. You can also submit documentation to support your claim via email to NYSEFC. Instructions to submit attachments are at the end of this form.**

**\*Are there witnesses who may have heard or seen what happened?**

Yes       No       Maybe

**Witnesses who may have heard or seen what happened (attach additional pages, if necessary):**

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Have you filed a claim regarding this complaint with a federal, state, or local government agency?**

No  
 Yes, Agency/Office: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional agencies?**

Yes, Agency/Office: \_\_\_\_\_ Date:

Yes, Agency/Office: \_\_\_\_\_ Date:

**In the space below, provide any other details regarding your complaint that you would like considered.**

**Completed forms and supporting documentation may be submitted to:**  
[TitleVI@efc.ny.gov](mailto:TitleVI@efc.ny.gov)

OR  
New York State Environmental Facilities Corporation  
Attn: Nondiscrimination Coordinator  
625 Broadway  
Albany, NY 12207-2997

The New York State Environmental Facilities Corporation prohibits retaliation or intimidation against anyone because that individual has taken action to secure rights protected by law. Please contact the NYSEFC Nondiscrimination Coordinator if you feel you were intimidated while filing this complaint or if you later experience perceived retaliation in relation to filing this complaint:  
NYSEFC Nondiscrimination Coordinator  
625 Broadway  
Albany, NY 12233  
Phone: (518) 402-6924

## Translation Available. Don't see your language? Ask!

<b>English</b>	To have this document translated into a language you can understand, contact the person below. There is no charge for the translation.
<b>Español Spanish</b>	Si necesita la traducción de este documento a un idioma que pueda entender, comuníquese con la persona indicada abajo. La traducción es gratis.
<b>简体字 Simplified Chinese</b>	如需將此文件翻譯成您能理解的語言版本，請聯絡下方人員。本次翻譯不收取費用。
<b>Русский Russian</b>	Чтобы получить перевод этого документа на понятный вам язык, свяжитесь с представителем, данные которого указаны ниже. Плата за эту услугу не взимается.
<b>אידיש Yiddish</b>	צו האבן די דאקומענט איבערגעטייטשט אין א שפראך וואס איר קענט פארשטיין, פארבינדט זיך מיט די פערזאן אונטן. די איבערטייטשונג איז פון אפצאל.
<b>বাঙালি Bengali</b>	এই নথিটি আপনি বুঝতে পারেন এমন একটি ভাষায় অনুবাদ করতে, নিম্নলিখিত ব্যক্তির সাথে যোগাযোগ করুন। অনুবাদের জন্য কোন চার্জ দিতে হবে না।
<b>한국어 Korean</b>	이 언어를 본인이 이해할 수 있는 언어로 받아보려면 아래 담당자에게 문의하십시오. 번역료는 없습니다.
<b>Kreyòl Ayisyen Haitian Creole</b>	Pou yo ka tradwi dokiman sa nan yon lang ou ka konprann, kontakte moun ki anba a. Ou p'ap peye anyen pou tradiksyon an.
<b>Italiano Italian</b>	Per ottenere la traduzione di questo documento in un'altra lingua, contatti la persona indicata qui di seguito. La traduzione è gratuita.
<b>العربية Arabic</b>	لترجمة هذا المستند إلى لغة يمكنك فهمها، تواصل مع الشخص أدناه. لا يتم تطبيق رسوم مقابل الترجمة.
<b>Język Polski Polish</b>	Aby uzyskać tłumaczenie tego dokumentu na język, który jest dla Ciebie zrozumiały, skontaktuj się z poniższą osobą. Za tłumaczenie nie jest pobierana żadna opłata.
<b>Français French</b>	Pour faire traduire ce document dans une langue que vous comprenez, contactez la personne indiquée ci-dessous. La traduction est gratuite.
<b>اردو Urdu</b>	اس دستاویز کا ترجمہ آپ کو سمجھ میں آسکنے والی زبان میں کروانے کے لیے، ذیل کے فرد سے رابطہ کریں۔ ترجمہ کے لیے کوئی چارج نہیں ہے۔