

**CIVIL RIGHTS
COMPLAINT COMPLIANCE
AGREEMENT**

The undersigned district acknowledges the instructions contained in 03 LCM 3. Our contact person and contact information are listed below:

County Name:

Civil Rights
Contact Person:

Mailing Address:

E-mail Address:

Phone Number:

Fax Number:

Date Completed:

Mail to:
Office of the Deputy Commissioner
Division of Temporary Assistance
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, Floor 11C
Albany, New York 12243