

**CIVIL/ HUMAN RIGHTS
COMPLAINT COMPLIANCE
AGREEMENT**

The undersigned district acknowledges the instructions contained in 13 LCM __. Our contact person and contact information are listed below:

County Name:

Civil / Human Rights
Contact Person:

Mailing Address:

E-mail Address:

Phone Number:

Fax Number:

Authorized Signature
And Title:

Date Completed:

Mail to:

**Bureau of Equal Opportunity and Diversity
New York State Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, New York 12243**