

**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**