

**CIVIL/ HUMAN RIGHTS
COMPLAINT COMPLIANCE
AGREEMENT**

The undersigned district acknowledges the instructions contained in 15 LCM-09. Our contact person and contact information are listed below:

County Name:

Designee
Name & Title:

Additional/Alternate
Designee:

Mailing Address:

E-mail Addresses:

Phone Numbers:

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**