

CIVIL /HUMAN RIGHTS COMPLAINT COMPLIANCE AGREEMENT
<i>The undersigned district acknowledges the instructions contained in 20-LCM-03. Our contact person and contact information are listed below:</i>
County Name:
Designee Name & Title:
Additional/Alternate Designee:
Mailing Address:
E-mail Addresses:
Phone Numbers:
Fax Number:
Authorized Signature & Title:
Date Completed:

**Mail to:
SNAP Civil Rights Team (SCRT)
Division of Legal Affairs
New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 16-C
Albany, New York 12243**

or email to: accessibility@otda.ny.gov