



COMPLAINANT CONSENT / RELEASE



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| Name <i>(first, middle, last)</i> | Telephone number () - |
| Address <i>(number and street, city, state, ZIP code)</i> | |
| Case number(s) <i>(if known)</i> | |
| <p>As a complainant, I understand that during an investigation it may become necessary for Steuben County to reveal my identity to individuals outside of Steuben County Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for Steuben County to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by Steuben County.</p> | |
| <p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)</i></p> <p><input type="checkbox"/> CONSENT</p> <p>I have read and understand the above information and authorize Steuben County to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize Steuben County to receive, review, and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p> <p><input type="checkbox"/> CONSENT DENIED</p> <p>I have read and understand the above information and do not want Steuben County to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without Steuben County making a determination in my case.</p> | |
| Signature | Date <i>(month, day, year)</i> |