

## TITLE VI COMPLAINT FORM

**If you feel that you have been discriminated against by the Town of Brookhaven, please provide the following information in order to assist us in processing your complaint and send it to the address provided:**

Title VI of the 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, sex, national origin, age, marital status, disability, sexual orientation, parental status, family medical history or genetic information, political affiliation, military service or any other non-merit based factor, be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance.

1. Your Name and Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

2. Person(s) Discriminated Against, if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Please Explain your Relationship to this Person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Check off the appropriate category as to which your complaint pertains, and then provide a description, explaining as clearly as possible, what occurred and why you believe it happened and how you were discriminated against. Provide the name(s) of and witness(es) or other person(s) involved in the alleged discrimination.**

3. Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others?

\_\_\_\_\_ Race/Ethnicity      \_\_\_\_\_ Income Status      \_\_\_\_\_ Sex Orientation  
\_\_\_\_\_ Sex      \_\_\_\_\_ Disability      \_\_\_\_\_ LEP  
\_\_\_\_\_ National Origin      \_\_\_\_\_ Age      \_\_\_\_\_ Genetic Info

Explain: *(If necessary, attached additional sheets of paper)*

---

---

---

---

---

---

---

Please list below any persons (witnesses, employees or others), if known, whom we may contact for additional information to support or clarify your complaint. Include name, address, and a phone number.

---

---

---

4. What is the most convenient time and place for us to contact you about this complaint?

---

---

5. To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest Date of Discrimination: \_\_\_\_\_

Most Recent Date of Discrimination: \_\_\_\_\_

6. Complaints of discrimination must be filed within 180 (one hundred eighty) days of the alleged discrimination. If the most recent date of discrimination, as noted above, is more than 180 (one hundred eighty) days ago, then you may request a waiver of the filing requirement. If you wish to request a waiver, please use the space below to explain why you waited until now to file your complaint.

---

---

---

---

---

7. Do you have any other information that you think is relevant to our investigation of your allegations?

---

---

---

8. What remedy are you seeking for the alleged discrimination?

---

---

9. Have you, or the person allegedly discriminated against, filed the same or any other complaints with other governmental offices (including, but not limited to, the Federal Transit Administration, Federal Highway Administration, NYS Division of Human Rights, or the Department of Civil Rights)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If yes**, please state the name, address, and contact information of the agency where the complaint was filed and the current status of that complaint:

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

10. If you have an attorney representing you concerning the matters raised in this complaint,  
please provide the following information:

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_

11. We cannot accept a complaint if it has not been signed. **Please sign and date the complaint form below.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please return the completed form to:**

Town of Brookhaven  
Department of Housing and Human Services  
One Independence Hill  
Farmingville, New York 11738

*The Town encourages all persons to certify their complaints for all mail being sent through the U.S. Postal Service as to ensure that all written correspondence can be tracked.*

***This form may be used to file a complaint with the Town of Brookhaven based on Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration of 1987. However, you are not required to use this form; a letter that provides the same information may be submitted to file your complaint.***

Note: The Town of Brookhaven prohibits retaliation or intimidation against anyone who takes action or participated in action to secure the rights protected by the Town's policies. Please inform the Town of Brookhaven's Personnel Department if you feel you were intimidated or experience perceived retaliation with regards to filing this complaint.