

Service Discrimination Complaint Form

Suffolk County, under Title VI of the Civil Rights Act of 1964 and related authorities, ensures that no person in the County, shall on the grounds of race, color, national origin, disability, gender, age, low-income or limited English proficiency be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity it administers.

If you feel you have been discriminated against on the basis of race, color or national origin, disability, gender, age, low-income or limited English proficiency, please complete this form and submit as directed below.

Note: The following information is necessary to assist us in processing your complaint.

Section I:

1. Complainants' Name _____
2. Street Address _____
3. City, State and Zip Code _____
4. Telephone Number. [Please indicate the best number where you can be reached]
Home _____ Work _____ Cell _____
5. Email address _____
6. Accessible Format Requirements? Large Print TDD/TTY Other _____

Section II:

Are you filing this complaint on your own behalf? Yes No If yes, skip to Section III.

1. Person discriminated against
Name _____
Address _____
City, State and Zip Code _____
2. Telephone Number: Home _____ Work _____
Cell _____
3. Email address _____
4. Accessible Format Requirements? Large Print TDD/TTY Other _____
5. Your relationship to the person discriminated against: _____
6. Please state why you have filed on behalf of that party. _____
7. The person discriminated against (also called the Aggrieved Party) must also authorize the complaint and investigation on his or her behalf. Please confirm that you have permission to submit this Complaint on behalf of the Aggrieved Party. Yes No

Section III

1. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (check reason)

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin (including LEP)	<input type="checkbox"/> Gender
<input type="checkbox"/> Age	<input type="checkbox"/> Income-Status

2. What date and time did the alleged discrimination take place?

Date (Month/ Day/ Year) _____ Time _____

3. In detail, explain what happened, where it occurred and who you believe was responsible. Include as much identifying and contact information as possible for witnesses and responsible parties.

(Please use the back of this form or attach additional sheets if additional space is required.)

Section IV:

1. Have you filed a complaint with any other federal, state, or local agency; or federal or state court regarding this matter? Yes No
If yes, please specify all that apply _____

2. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____
Agency/ Court _____
Telephone Number _____ Email address _____

(Please use the back of this form or attach additional sheets if additional space is required.)

Please sign below. You may attach any written materials or other information that you think are relevant to your complaint.

Signature

Date

If this complaint is filed on behalf of another person listed in Section II above, that person may sign below.

Signature of the Aggrieved Party

Date