



COMPLAINT UNDER AMERICANS WITH DISABILITIES ACT (Title II) and Section 504

Instructions: Please fill out this form completely, in ink or type. Sign and return to the address on page 2.

Complainant Name:			
Address:			
City:		State:	Zipcode:
Home Phone: ()	Business: ()	Ext	Cell: ()

Person completing from (if other than the complainant):			
Address:			
City:		State:	Zipcode:
Home Phone: ()	Business: ()	Ext	Cell: ()

Department or Program you believe discriminated against you:			
Name:			
Address:			
City:			
County:		State:	Zipcode:
Phone Number: ()			
Date event occurred (Month Day, Year):			
Describe the event, providing the name(s) where possible of those involved. If additional space is needed, please use and attach a separate sheet of paper.			

<input type="checkbox"/>	Please check this box if your answer is continued on a separate sheet.
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COMPLAINT UNDER AMERICANS WITH DISABILITIES ACT (Title II) and Section 504 (Continued)

Has the complaint been filed with the New York State Department of Civil Rights or the Federal Department of Justice or any other federal agency or court?		
Yes _____ No _____		
If yes, give name of Agency or Court:		
Contact Person:		
Address:		
City:	State:	Zipcode:
Phone Number: ()		
Date Filed (Month Day, Year):		

Do you intend to file with another agency or court?		
Yes _____ No _____		
If yes, give name of Agency or Court:		
Address:		
City	State:	Zipcode:
Telephone Number: ()		
Signature:		Date:

Return to:	Brooke Lupinacci, Esq. 100 Main Street Huntington, NY 11743 Fax: (631) 351-3032 BLupinacci@HuntingtonNY.gov
<p>The Town of Huntington will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to The Town of Huntington:</p>	
<p>Authority: Sec.709(c), Title VII, Civil Rights Act of 1969, as amended. Response: Voluntary Penalty: None</p>	