



For Official use only
Complaint #: _____

TITLE VI CIVIL RIGHTS COMPLAINT FORM

The Town of Huntington is committed to a policy of non-discrimination to ensure compliance with Title VI of the Civil Rights Act of 1964 and subsequent laws and executive orders that hold no person shall be excluded from participating in, be denied the benefits of or be subjected to unlawful discrimination under any program or activity receiving federal financial assistance. The Town has developed this form to facilitate processing of Title VI complaints. If you require assistance completing this form or have questions, please contact Huntington’s Title VI Coordinator, Rhonda Shepardson at (631) 351-3291. Completed, signed and dated forms should be sent to:

Rhonda T. Shepardson, Esq.
Town of Huntington, Title VI Coordinator
100 Main Street (Room 203)
Huntington NY 11743

Note: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

Section I: Complainant Information (please print)

- 1. Name: _____
 - 2. Address: _____
 - 3. Home Phone: _____
 - 4. Work Phone: _____
 - 5. Mobile Phone: _____
 - 6. E-mail: _____
 - 7. Gender & Race: _____
- 8. Communication Accessibility Requirements**

___ Large Print

___ Audio Tape

TDD

Other (*Explain*) _____

Section II: Person Discriminated Against

- 1. Are you filing this complaint on your own behalf? Yes ___ No ___ *(If yes, proceed to Section III)*
- 2. Name of the person for whom the complaint is being filed. Name: _____
- 3. Your relationship to the person named. Relationship: _____
- 4. Have you obtained the person’s permission to file this form? Yes No
- 5. Explain why you are filing on behalf of the person named. _____

Section III: Complaint Information

- 1. This discrimination complaint is based on (*check all that apply*):
- 2. Race Color National Origin
- 3. Date of Incident: Month _____ Day _____ Year _____ Time of Day _____
- 4. Location of Incident: _____

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Section III: Complaint Information (Continued) Title VI Civil Rights Complaint Form Page 2

4. Please explain as clearly as possible what happened and why you believe discrimination under Title VI of the Civil Rights Act of 1964 occurred. Describe the involvement of all persons who you believe were involved in the discrimination, including any names and contact information you may have. Also include the names and contact information for any individuals who may have witnessed the event. *(Attach additional sheets if necessary and copies of any other documentation relevant to your complaint.)*

5. Is this your first Title VI complaint with the Town of Huntington? Yes ___ No ___ *(If no, please explain)*

6. Explanation: _____

7a. Have you filed this complaint with another Federal, State or Local agency or court?
Yes ___ No ___ *(If yes, complete 8a – 12a)*

7b. Do you intend to file this complaint with another Federal, State or Local agency or court?
Yes ___ No ___ *(If yes, complete 8b – 10b)*

8a. Agency or Court: _____

8b. Agency or Court: _____

9a. Address: _____

9b. Address: _____

10a. Filing Date (MM/DD/YYYY): _____

10b. Anticipated Filing Date: _____

11a. Agency/Court Contact: _____

(MM/DD/YYYY)

12a. Contact Telephone: _____

Note: Filing this complaint with another court or administrative agency may impact the ability of the Town of Huntington to provide administrative relief and require the complaint to be referred to the Town Attorney for disposition.

Section IV: Affirmation *(Please remember to sign and date this form)*

I affirm that I have carefully read the above complaint and that to the best of my knowledge, information, and belief the information contained herein is true.

Complainant's Signature (As named in Section I)

Date (MM/DD/YYYY)