



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, Brooke Lupinacci at (631) 351-2817. Completed, signed and dated forms should be sent to:

**Brooke Lupinacci, Esq.**

Town of Huntington, Title VI Coordinator  
100 Main Street (Room 203)  
Huntington NY 11743  
BLupinacci@HuntingtonNY.gov

**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**

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.)*

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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: \_\_\_\_\_  
(MM/DD/YYYY)

11a. Agency/Court Contact: \_\_\_\_\_

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)