



For Official use only

Complaint #: _____

CIVIL RIGHTS COMPLAINT FORM TITLE VI

The Municipality of Huntington is committed to a non-discrimination policy to ensure compliance with Title VI of the Civil Rights Act of 1964 and subsequent laws and executive orders that dictate that no person shall be excluded from participating in, denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving federal funding assistance. The Municipality has developed this form to facilitate the Title VI complaint process. If you require assistance filling out this form or if you have questions, please contact Huntington's Title VI Coordinator, Laurie Gatto-Argiriou at (631)-351-3178. Completed, signed, and dated forms should be sent to:

Laurie Gatto-Argiriou, 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 1: Complainant Information (Please Print)

Name: _____

Gender and Race: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-mail: _____

Accessibility Requirements

Large Print

Audio Tape

TDD

Other (Explain) _____

Section II: Person Discriminated Against (Please Print)

1. Are you filling out this complaint on your behalf? Yes No (If yes, go to Section III)

2. Name of the person for whom the complaint is being filed: _____

3. Your relationship with the person named: _____

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: Incident Information

1. This discrimination complaint is based on (Check all that apply):

Race Color National Origin

2. Date & Time: Month _____ Day _____ Year _____ Time of Day: _____

3. Location: _____



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Section III: Incident Information (continued)

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)

6a. Have you filed this complaint with another Federal, State or Local agency or court?
Yes No (If yes, complete 7a-9a and 10-11)

6b. Do you intend to file this complaint with another Federal, State or Local agency or court?
Yes No (If yes, complete 7b – 9b)

7a. Agency or Court: _____

7b. Agency or Court: _____

8a. Address: _____

8b. Address: _____

9a. Filing Date: _____

9b. Projected Filing Date: _____

10. Agency/Court Contact: _____

11. Contact Phone: _____

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

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

Date