

## Service Discrimination Complaint Form

*Suffolk County, under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person in the County, shall on the grounds of race, color, national origin, disability, gender (in the context of education), or age 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, national origin, disability, gender (in the the context of education), or age please complete this form and submit as directed below.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance to complete this form, please contact 631-852-4010.

### **Section I:**

1. Complainant's 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 \_\_\_\_\_  
Street 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	<input type="checkbox"/> Gender (in the context of education)
<input type="checkbox"/> Age	<input type="checkbox"/> Other (please specify) _____

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.

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(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