



TITLE VI COMPLAINT FORM

All completed complaint forms will be sent to:

Nassau County Title VI Coordinator
Nassau County Office of Minority Affairs
1 West Street - Suite 136
Mineola, New York 11501

Title VI of the Civil Rights Act of 1964 and related statutes and regulations, as amended, require that no person in the United States of America shall, on the grounds of race, color, sex, national origin, age, or disability, be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, for which the County of Nassau receives Federal financial assistance. If you believe you have been discriminated against on the basis of race, color, gender, national origin, age, disability, income, limited ability to speak English or any other unlawful basis, please complete this form by providing the requested necessary information. In order to process your complaint completely and accurately, please fill out the form completely and legibly. Should you need assistance filling out this form, or if you have any questions about filing this complaint, please contact: Office of Minority Affairs at 516-572-2240. Your complaint must be filed within **one hundred and eighty (180) days** from the date of the alleged act of discrimination.

Section I: Complainant Information

Name:

Home Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Individual Alleging Discrimination:

Name:

Home Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Section II: Details Of Claim

1. Your claim of discrimination is based on: *(Please check all that apply)*

Race

Color

National Origin

Disability

Other

Age

Income

Limited English Proficiency

Sex

If you selected other, please explain:

Date(s) when the alleged discrimination occurred:

Location where the alleged discrimination took place:

Please briefly describe the circumstances of the alleged discrimination:

List any witness name(s) and telephone number(s):

Have you filed a claim regarding this complaint with any federal, state or local government agency? Yes No

Have you instituted a legal suit or court action regarding this complaint? Yes No

Have you hired an attorney with respect to the allegations in the complaint? Yes No

I STATE THAT THE INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

X

Signature of Individual Filing Report

Date