



# TITLE VI COMPLAINT FORM

All completed complaint forms will be sent to:

Nassau County Title VI Coordinator  
Office of the County Attorney  
1 West Street - Suite 365  
Mineola, New York 11501  
Phone: 516-571-6497  
Email: [TitleVIcoordinator@nassaucountyny.gov](mailto:TitleVIcoordinator@nassaucountyny.gov)

Title VI of the Civil Rights Act of 1964, and related Federal, State and local, statutes and regulations, as amended, require that no person in the United States of America shall, on the grounds of race, color, national origin, sex, age, disability, or income, be excluded from the participation in, be denied the benefits of, or be otherwise subject 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, national origin, sex, age, disability, income, 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: Title VI Coordinator at 516-571-6497. Your complaint must be filed within **one hundred eighty (180) days** from the date of the alleged act of discrimination.

## Section 1 – Complainant Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Relationship to the Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Assisting Complainant with Form: \_\_\_\_\_



5. List any witnesses, and their telephone numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you report or filed a claim about the alleged discrimination with any Employee, Department Head, or anyone else in Nassau County?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you checked "Yes", please provide the name, and contact information of the department or person, and attach a copy of any report that you filed or received.

\_\_\_\_\_  
\_\_\_\_\_

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

If you checked "Yes", please provide the name and contact information of the agency, and attach a cop of any report that you filed or received.

\_\_\_\_\_  
\_\_\_\_\_

8. Have you instituted a legal suit or court action regarding this complaint? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you checked "Yes", please provide the name of the action, the Index/File Number, and the Court where the action was filed, and please provide a copy of the papers that were filed.

\_\_\_\_\_  
\_\_\_\_\_

9. Have you hired an attorney with respect to the allegations in the complaint? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you checked "Yes", please provide your attorney's name, firm name, address, and telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If you have any other information that you would like to provide, please state here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I state the the information contained in this claim is true and correct, to the best of my knowledge, information, and belief.**

➤ **Signature of Complainant X** \_\_\_\_\_

**Print Name Here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

➤ **Signature of Person Completing Form (if other than Complainant) X** \_\_\_\_\_

**Print Name Here:** \_\_\_\_\_

**Date:** \_\_\_\_\_