

Title VI & ADA COMPLAINT FORM

If Information is needed in another language, contact Human Resources at 631-543-2245

Name _____

Address _____ **City** _____ **Zip** _____

Telephone: Home _____ **Work** _____ **Cell** _____

Basis of Complaint: (place checkmark)

_____ Race	_____ Religion/Creed
_____ Color	_____ Marital Status
_____ Gender	_____ Sexual Orientation
_____ National Origin	
_____ Age	
_____ Disability	

Type of Complaint (place checkmark)

_____ **Program** _____ **Service** _____ **Benefit** _____ **Activity**

Who allegedly discriminated against you?

Name _____

Address _____ **City** _____ **Zip** _____

Telephone _____

If an organization what is its name?

Name of Organization _____

Address _____ **City** _____ **Zip** _____

Telephone _____

Name of Contact _____

How were you discriminated against? _____

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name _____

Title _____

Work Phone _____

Home Phone _____

Have you filed your complaint with anyone else?

Who _____

When _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____

Zip Code _____

When did you acquire _____

Signed _____ Date _____

Mail to:

Valerie Schaefer, Title VI

Coordinator

Human Resources Department

The Head Injury Association

300 Kennedy Drive

Hauppauge, NY 11788

Phone (631) 543-2245