



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:

Barbara Senzel,
Title VI Coordinator
Human Resources Department
The Head Injury Association
300 Kennedy Drive
Hauppauge, NY 11788 Phone
(631) 543-2245 ext **8723**