



**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:**

**Matthew Guerrido Title VI Coordinator  
Human Resources Department**

**The Head Injury Association**

**300 Kennedy Drive**

**Hauppauge, NY 11788**

**Phone (631) 543-2245**