

Notifying the Public of Rights Under Title VI

THE AHRC NASSAU

- ✓ **AHRC Nassau** operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **AHRC Nassau**.
- ✓ For more information on the **AHRC Nassau's** civil rights program, and the procedures to file a complaint, contact, (516-293-1111 x 5434); email complaints@ahrc.org ; or visit our administrative office at AHRC Nassau, QA Department 115 E Bethpage Rd, Plainview, NY 11803. For more information, visit www.ahrc.org
- ✓ A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact 516-293-1111 x 5434.
Si se necesita informacion en otro idioma de contacto, 516-293-1111 x 5434.

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form or attach additional pages.				

Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply:				
<input type="checkbox"/> Federal Agency: _____				
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____				

<input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
AHRC Nassau complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature Date

Please submit this form in person at the address below, or mail this form to:

AHRC Nassau
 Title VI Coordinator
 QA Mail Drop # 41
 115 E Bethpage Rd
 Plainview, NY 11803