

CIVIL RIGHTS COMPLAINT FORM

If you feel that you have been discriminated against by the Town of Southampton, please provide the following information in order to assist us in processing your complaint and send it to the address provided:

The 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, or national origin, be discriminated against. The 1990 Americans with Disabilities Act provides that no person with a disability shall be discriminated against. None shall be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance.

Do you believe your complaint is related to Civil Rights issues _____ or ADA ISSUES _____?

Your Name and Address:

Name: _____

Address: _____

Telephone No.: Home _____ Mobile _____ Work _____

1. Person(s) Discriminated Against, if different from above:

Name: _____

Address: _____

Telephone No.: Home _____ Mobile _____ Work _____

Please Explain your Relationship to this Person: _____

_____.

Please provide a description, explaining as clearly as possible, what occurred and why you believe it happened and how you were discriminated against. Provide the name(s) of and witness(es) or other person(s) involved in the alleged discrimination.

2. Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others?

Explain: *(If necessary, attached additional sheets of paper)*

Please list below any persons (witnesses, employees or others), if known, whom we may contact for additional information to support or clarify your complaint. Include name, address, and a phone number.

3. What is the most convenient time and place for us to contact you about this complaint?

4. To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest Date of Discrimination: _____

Most Recent Date of Discrimination: _____

5. Complaints of discrimination must be filed within 180 (one-hundred eighty) days of the alleged discrimination. If the most recent date of discrimination, as noted above, is more than 180 (one-hundred eighty) days ago, then you may request a waiver of the filing requirement. If you wish to request a waiver, please use the space below to explain why you waited until now to file your complaint.

6. Do you have any other information that you think is relevant to our investigation of your allegations?

7. What remedy are you seeking for the alleged discrimination?

8. Have you, or the person allegedly discriminated against, filed the same or any other complaints with other governmental offices (including, but not limited to, the Federal Transit Administration, Federal Highway Administration, or the Department of Civil Rights)?

_____ Yes _____ No

If yes, please state the name, address, and contact information of the agency where the complaint was filed and the current status of that complaint:

Agency: _____

Contact Person: _____

Address: _____

Telephone Number: _____

9. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following information:

Attorney Name: _____

Address: _____

Office Telephone No.: _____

10. We cannot accept a complaint if it has not been signed. **Please sign and date the complaint form below.**

Signature

Date

Print Name

Please return the completed form to:

Town of Southampton
Attention: Sean Cambridge, ADA / Title VI Coordinator
Town Attorney's Office
116 Hampton Road
Southampton, NY 11968
Ph: 631-287-3065

The Town encourages all persons to certify their complaints for all mail being sent through the U.S. Postal Service as to ensure that all written correspondence can be tracked.

This form may be used to file a complaint with the Town of Southampton based on Title VI of the Civil Rights Act of 1964 and the ADA of 1990 . However, you are not required to use this form; a letter that provides the same information may be submitted to file your complaint.

Note: The Town of Southampton prohibits retaliation or intimidation against anyone who takes action or participated in action to secure the rights protected by the Town's policies. Please inform the Town of Southampton's Community Services if you feel you were intimidated or experience perceived retaliation with regards to filing this complaint.