Title VI and ADA Complaint Form

If information is needed in another language, contact (718) 449-5000.

- Если вам нужна информация на другом языке, позвоните (718) 449-5000.
- Si necesita información en otra idioma, llame a (718) 449-5000.
- Nëse keni nevojë për informacion në një gjuhë tjetër, telefononi (718)449-5000.
- Ti o ba nilo alaye ni ede miiran, pe (718) -449-5000.
- Εάν χρειάζεστε πληροφορίες σε άλλη γλώσσα, καλέστε (718)449-5000.

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

Electronic Mail Address:

Accessible Format Requirements?

Large Print TDD Audio Tape 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):

[ ] Race [ ] Color [ ] National Origin [ ] Disability

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 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?

[ ] Yes  [ ] No

If yes, check all that apply:

[ ] Federal Agency: ____________________________
[ ] Federal Court ____________________________  [ ] State Agency ________________
[ ] State Court ____________________________  [ ] 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

Jewish Community Council of Greater Coney Island, Inc. 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:

**Jewish Community Council of Greater Coney Island, Inc.**
Mobility Manager
3001 West 37th Street, 1st Floor
Brooklyn, NY 11224