

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.
 - Εάν χρειάζεστε πληροφορίες σε άλλη γλώσσα, καλέστε (718)449-5000.
 - Ti o ba nilo alaye ni ede miiran, pe (718) -449-5000.
 - যদি আপনি অন্য ভাষায় তথ্য প্রয়োজন, কল (718)-449-5000
 - Si vous avez besoin d'informations dans une autre langue, appelez le (718) 449-5000.
 - اگر آپ کو دوسری زبان میں معلومات کی ضرورت ہو تو، کال (718)-449-5000
 - Jeśli potrzebujesz informacji w innym języku, zadzwoń (718)449-5000.
 - Se hai bisogno di informazioni in un'altra lingua, chiama (718) 449-5000.
 - 如果您需要其他语言的信息，请致电 (718) 449-5000。
 - 如果您需要其他語言的信息，請致電 (718) 449-5000。
 - Si w bezwen enfòmasyon nan yon lòt lang, rele (718) 449-5000.
- إذا كنت بحاجة إلى معلومات بلغة أخرى ، فاتصل برقم 7184495000.
 • אם אתה זקוק למידע בשפה אחרת, התקשר למספר 718-449-5000.
 • אויב איר דארפן אינפֿארמאציע אין אן אנדער שפראך, רופן 718-449-5000.

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):				
[] 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