COUNTY OF SUFFOLK

EDWARD P. ROMAINE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICES

JOHN E. IMHOF, PhD, LCSW
COMMISSIONER

SERVICE DISCRIMINATION COMPLAINT FORM

Suffolk County, under Title VI of the Civil Rights Act of 1964, and related authorities, ensures that no person in the County, shall on the grounds of race, color, national origin, disability, gender, age, low-income or limited English proficiency (LEP) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity it administers

If you feel you have been discriminated against on the basis of *race, color, national origin, disability, gender, age, low-income or limited English proficiency* please complete this form and submit as directed:

Submit completed form to:
Attention:
Title VI Designee
Karlesha V. Hewitt, Esq.
Commissioner's Office
3085 Veterans Memorial Highway
Ronkonkoma, N.Y. 11779
Tel: 631-854-9930
Fax: 631-854-9996
DSSTitleVIDesignee@suffolkcountyny.gov

Note: The following information is necessary to assist us in processing your complaint. · Should you require any assistance to complete this form, please contact (631) 854-9930.

Section I:

1. Complainant's Name: _____
2. Street Address: _____
3. City, State, Zip: _____
4. Telephone Number [Please indicate the best number where you can be reached]
   Home: _____ Cell: _____ Work: _____
5. Email Address: _____
6. Accessible Format Requirements? ☐ Large Print, ☐ TDD/TTY ☐, Other _____

Section II:

Are you filing this complaint on your own behalf? ☐Yes ☐No If Yes, skip to Section III.

1. Person discriminated against:
   Name: _____
   Address: _____
   City, State, Zip: _____

2. Telephone Number [Please indicate the best number where you can be reached]

   Home: _____Cell: _____ Work: _____

3. Email Address: _____

4. Accessible Format Requirements? ☐ Large Print, ☐ TDD/TTY ☐, Other _____

5. Your relationship to the person discriminated against: _____

6. Please state why you have filed on behalf of that party: _____

   _____

7. The person discriminated against (also called the Aggrieved Party) must also authorize the complaint and investigation on his or her behalf. Please confirm that you have permission to submit this complaint on behalf of the Aggrieved Party. ☐Yes ☐No

Section III:

1. What date and time did the alleged discrimination take place?
   Date (Month/Day/Year): _____ Time: _____

2. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

   ☐ Race/Color
   ☐ Disability
   ☐ National Origin (Including LEP)
   ☐ Gender
   ☐ Age
   ☐ Income-Status

3. In detail, explain what happened, where it occurred, and who you believe is responsible? Include as much identifying and contact information as possible for witnesses and responsible parties:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   (Please use the back of this form or attach additional sheets if additional space is required)

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Section IV:

1. Have you filed a complaint with any other federal, state, or local agency; or federal or state court regarding this matter? ☐Yes ☐No

   If Yes, please specify all that apply: _____

   _____

   _____

2. Please provide information about a contact person at the agency/court where the complaint was filed.

   Name: _____

   Agency/Court: _____

   Telephone No.: _____ Email Address: _____

   (Please use the back of this form or attach additional sheets if additional space is required)

Please sign below. You may attach any written materials or other information that you think are relevant to your complaint.

_____ _____
Signature Date

If this complaint is filed on behalf of another person listed in Section II above, that person may sign below.

_____ _____
Signature of the Aggrieved Party Date

Retaliation is strictly prohibited. No county employee, agent, representation, or service provider shall intimidate threaten, coerce, or discriminate against any individual, complainant, or witness for the purpose of interfering with any right or privilege conferred by the Americans with Disabilities Act, or any investigation of a violation thereof.

Use of Suffolk County Department of Social Services procedures is not a prerequisite for other remedies. You are not required to file a complaint with the Suffolk County Department of Social Services before filing a complaint with the federal government or any other agency.

FOR OFFICE USE ONLY: Unique Identifier: SCD-DSS-_____- 2020- _____