

# TOWN OF YORKTOWN DISCRIMINATION COMPLAINT FORM

The Town of Yorktown is committed to a policy of non-discrimination to ensure compliance with Title VI of the Civil Rights Act of 1964 and subsequent laws and executive orders that hold no person shall be excluded from participating in, be denied the benefits of, or be subjected to unlawful discrimination while participating in any public services, programs, or activities of the Town of Yorktown. The Town has developed this form to facilitate processing of Title VI complaints, as well as any other discrimination complaints, however completing this form is not required; a letter that provides the same information may be submitted to file your complaint. Completed, signed, and dated forms should be sent to:

**Town Attorney**  
Town of Yorktown  
363 Underhill Avenue  
Yorktown Heights, NY 10598

**Note: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.**

## Section I: Complainant Information (please print)

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|--|---|
| 1. Name: _____<br>2. Address: _____<br>_____<br>3. Home Phone: _____<br>4. Work Phone: _____<br>5. Cell Phone: _____ | 6. Communication Accessibility Requirements:<br>Large Print<br>Translator ( <i>Indicate language</i> ): _____<br>TTY/TDD<br>Other ( <i>Explain</i> ): _____ |
| 6. What is the most convenient time for us to contact you about this complaint?<br>_____                             |   |

## Section II: Person Discriminated Against

- |   |                     |    |                                  |
|---|---------------------|----|----------------------------------|
| 1. Are you filing this complain on your own behalf?             | Yes                 | No | (If yes, proceed to Section III) |
| 2. Name of the person for whom the complaint is being filed.    | Name: _____         |    |                                  |
| 3. Your relationship to the person named.                       | Relationship: _____ |    |                                  |
| 4. Have you obtained the person's permission to file this form? | Yes                 | No |                                  |
| 5. Explain why you are filing on behalf of the person named:    | _____               |    |                                  |

## Section III: Complaint Information

1. This discrimination complaint is based on (*check all that apply*):
- |                |                 |                 |
|----------------|-----------------|-----------------|
| Race/Ethnicity | National Origin | Disability      |
| Color          | Age             | Limited English |
| Sex            | Income Status   |                 |
2. To the best of your recollection, on what date(s) did the discrimination take place?  
Earliest Date of Discrimination: \_\_\_\_\_  
Most Recent Date of Discrimination: \_\_\_\_\_
3. Location of incident: \_\_\_\_\_

4. Explain, as clearly as possible, what occurred, why you believe it happened, and how you were discriminated against: *(If necessary, attached additional sheets of paper):*

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5. Please list below any persons (witnesses, town 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.

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

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7. Have you filed this complaint with another Federal, State, or Local agency or court?  
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: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

Attorney Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Section IV: Affirmation** *(Please remember to sign and date this form)*

I affirm that I have carefully read the above complaint and that to the best of my knowledge, information, and belief the information contained herein is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If sent by U. S. Postal Service, the Town encourages all persons to send by certified mail, as to ensure that all written correspondence can be tracked.*