

Title VI Complaint Form
Hearts and Hands-Faith in Action, Inc. (HHFIA)

“HHFIA is committed to ensuring that no person is excluded from participation in or denied the benefits of, or be subject to discrimination in the receipt of its services on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended.”

Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

Section I
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Home): _____ Telephone (Work): _____
Section II
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes*: <input style="width: 40px;" type="checkbox"/> <input type="checkbox"/> No: <input style="width: 40px;" type="checkbox"/>
*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 what 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 <input style="width: 60px;" type="checkbox"/> Yes: <input style="width: 60px;" type="checkbox"/> No: <input style="width: 60px;" type="checkbox"/>
Section III
Were you discriminated against because of (check all that apply)
[] Race [] Color [] National Origin
Date of Alleged Incident: _____
Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form. _____ _____ _____ _____

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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

If you have any questions or need assistance completing this form, please contact Hearts and Hands-Faith in Action Central Office at (716) 542-2226.

The completed form must be returned to:

Hearts and Hands- Faith in Action, Inc.

Attn: EEO Designee

2710 North Forest Rd.

Getzville, NY 14068