



HOW TO FILE A CIVIL RIGHTS COMPLAINT

Little Flower Children and Family Services of New York is dedicated to the principles and standards which underscore Title VI and the American with Disabilities Act (ADA). The agency works diligently to ensure that no one is excluded from receiving the benefits of agency services due to race, color, national origin, or disability. To ensure this, the agency established procedures which include instructions on how to file a Civil Rights complaint. We are providing this for your information.

You may file a signed, written complaint up to one hundred eighty (180) days from the date of the alleged discrimination. As the complainant, you should include the following:

- Complainant's name, mailing address, and contact information (i.e., telephone number, email address, etc.).
- How, when, where, and why they believe they were discriminated against.
- The location, names, and contact information of any witnesses.
- Include other information deemed significant.

The Civil Rights Complaint Form (see attached) may be used to submit your complaint information. The complaint must be filed in writing with Little Flower at the following address in order for Little Flower to properly investigate any complaint:

TITLE VI Coordinator information
Anne Koo Thornquist
2450 North Wading River Road, Wading River, NY 11792
631-929-6200 Ext 7209
koothora@lfchild.org

NOTE: Little Flower encourages all complainants to certify any mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked. For complaints originally submitted by facsimile, an original, signed copy of the complaint *must be mailed* to the Title VI Coordinator as soon as possible, but no later than one hundred eighty (180) days from the alleged date of discrimination

What happens to the complaint after it is submitted?

All complaints alleging discrimination based on race, color, national origin, or disability in a service or benefit provided by Little Flower will be directly addressed by Little Flower for investigation. Little Flower shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability



to communicate in English. Additionally, Little Flower shall make every effort to address all complaints in an expeditious and thorough manner.

A letter acknowledging receipt of the complaint will be mailed within seven (7) days. Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.

How will the complainant be notified of the outcome of the complaint?

The Title VI program coordinator will send a final written response letter. The letter may substantiate the complaint, or the letter may advise that the complaint is unsubstantiated. In the letter notifying the complainant that the complaint is not substantiated, the complainant is also advised of their right to:

1. Provide additional information to Little Flower for consideration of the complaint within seven (7) calendar days of receipt of the final written decision from Little Flower and/or
2. File a complaint externally with the U.S. Department of Transportation and/or the FTA. Every effort will be made to respond to Civil Rights complaints within sixty (60) working days of receipt of such complaints.

In addition to the complaint process described above, a complainant may file a Civil Rights complaint with the following organization:

**Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Ave.
SE Washing DC 20590**

Little Flower believes in awareness, education, and inclusion and will continue to work assiduously to ensure no one is excluded from receiving the benefits of our services.

Best regards,

Anne Koo Thornquist
Interim Director, Human Resources & Title VI Program Coordinator



CIVIL RIGHTS COMPLAINT FORM

The American with Disabilities Act (ADA) and Title VI of the Civil Rights Act of 1964 prohibit discrimination on the basis of race, color, national origin, or disability in programs and activities receiving federal financial assistance. Specifically, Title VI provides that “no person in the United States shall on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The ADA requires organizations provide reasonable accommodation to those with a disability who wish to use our services with the exception if the organization can demonstrate that doing so creates an undue hardship or poses a direct threat to the safety of others.

Both Acts require all organizations to adopt and disseminate a policy, procedures and forms for complainants to report alleged incidents of discrimination. If you believe that you have been subjected to discrimination, you are encouraged to complete this form and submit it to the Title VI Coordinator.

Name: _____

Address: _____

Home number: _____ **Cell:** _____

Email: _____

Preferred Communication Method: _____ Email _____ Phone _____ In person

Basis of Complaint (place checkmark)

_____ Race _____ Color _____ Sex
_____ National Origin _____ Disability _____ Age

Date(s) discrimination occurred: _____



Complaint Information

Your complaint of alleged discrimination is against:

Individual's Name: _____ **Position (if known):** _____

Address (if known): _____

Phone (if known): _____

Please describe as specifically as possible how you were discriminated against. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

Please list the name and contact information of any witnesses or individuals who may have information related to your complaint: _____

Have you filed your complaint with anyone other individual or organization? If yes:

Who/What: _____

When: _____

If you have retained legal counsel and request that Little Flower contact them, please provide their contact information.

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____

Date when you acquired counsel? _____

Complainant's (or representative) Signature: _____ **Date:** _____