



(631) 957-7500
FAX (631) 957-4605

INCORPORATED VILLAGE OF LINDENHURST
430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

Department of Transportation Consolidated Complaint Form

Information

Complaints under this part are limited to allegations of violation of the provisions of Title VI of the Civil Rights Act, The American with Disabilities Act, and Title 49 Part 26 of the Code of Federal Regulations relating to discrimination in federally funded programs and services.

Complaint Policy and Procedure

It is the Policy of the Department of Transportation to never exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by this part on the basis of race, color, sex, physical ability, English proficiency, or national origin. Further, in administering the Disadvantaged Business Enterprise program, the Department shall not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals identified in this section. Any person/s who believe they have been subjected to unlawful discrimination by being denied the benefits of, access to, or participation in the programs and activities, or services of NYSDOT or organizations funded through NYSDOT may file a complaint. The complaint may be filed by the individual or his/her representative. A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless extended by NYSDOT. Reviews of alleged violations commence within thirty (30) days of a complaint being received by the Department.

The complainant will be notified when the Department has received the complaint. The Department will strive to come to a complaint resolution within 90 days of receipt of the initial complaint.

The Department will follow the protocol below for reviewing a complaint:

1. Acknowledge receipt of the complaint.
2. Determine if the Department has jurisdiction to review the complaint.
3. Schedule an interview, if deemed necessary.

4. Determine if other public or private entities are or should be involved
5. Determine if meetings with affected party or other interested parties are needed.
6. Issue a preliminary review finding.
7. Issue a final review finding.
8. Issue corrective action recommendations.
9. Issue sanction recommendations

General Instructions for Completing the Application

Unless otherwise indicated, applicants are required to complete all required fields as they appear in the application.

PART A: Complainant Contact Information

Complainant Contact Information:

First Name: Last Name:

Title:

Address 1:

Address 2:

City: State: Zip Code:

Phone #: ()

E-mail:

PART B: Complaint

Name of the Entity/individual against which this complaint is being filed:

Location of incident:

Address 1:

Address 2:

City: State: Zip Code:

Phone #: ()

PART C: Complaint Details

Please check the appropriate box(es). Select the phrase that best represents what occurred.

☐ **DISCRIMINATION**

- i. I received negative comments, racial slurs, or other unwelcome remarks, or questions because of my:
(select all that apply)
- ☐ Age
- ☐ Gender
- ☐ National Origin
- ☐ Race
- ☐ Religion
- ☐ Other

PART C: Complaint Details- continued

ii. I was denied equal access to: (select all that apply) because of my: (select all that apply)

- | | |
|---|--|
| <input type="radio"/> Contracting opportunities | <input type="radio"/> Age |
| <input type="radio"/> Information | <input type="radio"/> Disability |
| <input type="radio"/> Programs | <input type="radio"/> Gender |
| <input type="radio"/> Public transportation | <input type="radio"/> Limited English Lang.Proficiency |
| <input type="radio"/> Services | <input type="radio"/> National Origin |
| <input type="radio"/> Training | <input type="radio"/> Race |
| <input type="radio"/> Other | <input type="radio"/> Religion |
| | <input type="radio"/> Other |

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

☐ **HARASSMENT**

- i. ☐ Harassed I was:
- (select all that apply)
- ☐ Subjected to unfair worksite polices and practices
 - ☐ Subjected to unfair bidding practices
 - ☐ Other
- ii. I was sexually harassed because I: (select all that apply)
- ☐ was subjected to unwelcomed sexual advances and/or sexually-charged comments
 - ☐ am/was exposed to sexually explicit pictures/posters posted in common and/or public areas.
 - ☐ Other

PART C: Complaint Details- continued

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

☐ **LANGUAGE ACCESS**

Regarding barriers to equal access, select all that apply to your experience: (select all that apply)

- ☐ Written information related to instructions, directions, or vital information was not available in my native language.
- ☐ Translation services I requested were not made available to me for live or recorded events, presentations, or trainings.
- ☐ I was denied an accommodation to enter a building, or to access a facility or room in the building.
- ☐ There were no signs conspicuously posted notifying me of wheelchair accessibility.
- ☐ Readers and/or interpreters for the blind and/or hearing impaired I requested were not provided to me.

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

PART C: Complaint Details- continued

☐ **ADA**

I could not access public transportation, a public facility, or public right of way because: (select all that apply)

- ☐ Of physical barriers (e.g. improper ramps, lack of equipment or crossing aids, etc.).
- ☐ The bus did not have chair lifts or there was no bus-lowering mechanism.
- ☐ The sidewalks, roadways or public facility was not maintained to allow access.
- ☐ The paratransit bus schedule does not accommodate my activities of daily living.
- ☐ The bus routes do not sufficiently deviate from routes to accommodate me.
- ☐ The vehicles, shelters, and/or other facilities are not accessible to me.

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

☐ **FRAUD**

- i. I witnessed a disadvantaged business enterprise (DBE), a minority or women owned (M/WBE), or a service disabled veteran owned (SDVOB) firm not performing the contractual commercially useful function (CUF) on a NYSDOT contract.

The firm is: _____

Contractual services that were to be performed include: _____

- ☐ Check this box to attach any documents or photos that substantiate your complaint.

PART C: Complaint Details- continued

- ii. I have not been paid promptly for the work I have performed as follows: (select one)

- ☐ I have not received any payments.
☐ I received some and/or partial payments
☐ I received full payments, but they are late.
☐ I received partial payments and they are late.

- iii. My payment is _____ days late. Attach the following documentation to this complaint:

- ☐ Check this box to attach the signed contract/ agreement between your firm and the Prime Contractor that outlines the scope of services and payment or reimbursement schedules for services or supplies.
- ☐ Check this box to attach documentation to support that your firm fulfilled its obligations on the project, e.g. signed delivery slips, payroll reports, etc.
- ☐ Check this box to attach documentation or communications from the Prime Contractor regarding any payment issues or reasons why you have not been compensated.
- ☐ If you received partial payments, check this box to attach a listing of the payment dates and amounts received.

- iv. My firm was negatively affected by a removal or substitution for an approved item of work for project: _____ Located at: _____
(Project Number)

Attach the following documentation to this complaint:

- ☐ Check this box to attach documentation to support the original scope of the project.
- ☐ Check this box to attach documentation or communications from the Prime

Contractor regarding why your firm's scope of work was being removed from the project or why your firm was being replaced with another firm.

PART C: Complaint Details- continued

- v. A Prime Contractor did not negotiate a bid with me/my firm in good faith.
- ☐ Check this box to attach any documents or other information that substantiates your complaint.

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

PART D: Additional Information

- i. Were there any witnesses to the action or inaction leading to your complaint?
- ☐ Yes ☐ No ☐ Unknown

Please provide the name(s) and contact information for any witnesses: (if any)

- ii. Was this complaint filed with another agency? ☐ Yes ☐ No

Filed with: (select one) ☐ Local Entity
☐ Private Entity
☐ Human Rights Commission
☐ Department of Justice
☐ USDOT-FTA

- iii. Were you the recipient of intimidation or retaliatory actions because you filed a complaint? Yes
No ☐ ☐

PART E: Complaint Submission

Sign the Complaint form: _____ Date: _____