Parker Jewish Institute
FOR HEALTH CARE AND REHABILITATION

271-11 76th Avenue | New Hyde Park, NY 11040
718-289-2190 | hr@parkerinstitute.org

Title VI Complaint Form

Name:

Address:

City/State/Zip:

Telephone Number:

Email Address:

Preferred method of contact: ☐ Phone ☐ Email ☐ Mail

Are you filing this complaint on your own behalf?

☐ Yes
☐ No (If no, please provide the name and relationship of the person for whom you are complaining):

Date of alleged discrimination:

Location of incident:

Describe the alleged discrimination (what happened, who was involved, etc.):

Have you filed this complaint with any other agencies? ☐ Yes ☐ No

If yes, list agency/agencies and contact information:

Signature: **Date:**

Please return form to: Parker Jewish Institute for Health Care and Rehabilitation
271-11 76th Avenue | New Hyde Park, NY 11040
or email it to hr@parkerinstitute.org