

Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

A. Complainant's information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone (home): _____

Telephone (work): _____

Email Address: _____

Accessible Format Requirements? (Select one or more)

Large Print

TDD

Audio Tape

Other

B. Person discriminated against (if someone other than complainant):

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone (home): _____

Telephone (work): _____

Email Address: _____

Relationship to the person for whom you are complaining:

Please explain why 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 a third party:

Yes No

C. Which of the following best describes the reason you believe the discrimination took place?

Race Color National Origin Other

D. On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Date: _____

Other: _____

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or Local agency, or with any Federal or State court? List all that apply.

Federal Agency: _____
Federal Court: _____
State Agency: _____
State Court: _____
Local Agency: _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Title: _____
Address: _____
City/State/Zip Code: _____
Telephone (home): _____
Telephone (work): _____
Email Address: _____

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature: _____ Date: _____
Attachments: Yes No

H. Submit form and any additional information to:

LADACIN Network
1703 Kneelely Blvd
Wanamassa, New Jersey 07712
Attn: Celeste Smith