



ADMINISTRATIVE OFFICES

1703 Kneeley Boulevard • Wanamassa, NJ 07712
732.493.5900 • Fax 732.493.5980 • www.ladacin.org

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: _____ Attachments: ____Yes ____No

Date: _____

H Submit form and any additional information to:

LADACIN Network

1703 Kneeley Blvd

Wanamassa, New Jersey 07712

Attn: Celeste Smith

Date: _____