

**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 Number (Home): \_\_\_\_\_

Telephone Number (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 Number (Home): \_\_\_\_\_

Telephone Number (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: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe all persons 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.

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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: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (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:

Cumberland County Department of Human Resources  
164 W. Broad Street  
Bridgeton, NJ 08302