

**Abilities of Northwest Jersey, Inc.**

**Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form please contact the Corporate Compliance Officer at 908-689-1118 for assistance.

For complaints concerning Section 5310 (Senior and Persons with Disabilities), or other programs funded by the Federal Transit Administration, complete and return this form to:

Corporate Compliance Officer  
Abilities of Northwest Jersey, Inc.  
PO Box 251  
Washington, NJ 07882

1. Complaints' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_ (Work) \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
2. Do you require an accessible format? (Select One or More)  
Large Print: \_\_\_\_\_ TDD: \_\_\_\_\_ Audio Tape: \_\_\_\_\_  
Other: Please specify: \_\_\_\_\_
  
- 3a. Person discriminated against (if someone other than the complainant)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
- 3b. Relationship to the person for whom you are submitting this complaint form. \_\_\_\_\_
  
- 3c. Please explain why you have filed for a third party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3d. Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party. Yes: \_\_\_\_\_ No: \_\_\_\_\_
  
4. Which of the following best describes the reason you believe the discrimination took place?  
Was it because of your: (check reason(s))  
Race: \_\_\_\_\_ Color: \_\_\_\_\_  
National Origin: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

5. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of any witnesses. Please use the back of this form if additional space is required.

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- 6a. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

- 6b. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

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

City, State, & Zip Code : \_\_\_\_\_

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

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

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

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Complainant's Signature

Date