TOWNSHIP OF TEANECK
SENIOR/DISABLED TRANSPORTATION SERVICES

<u>Title VI Complaint Form</u>

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 Requirement? (Select one)
- o   Large Print
- o   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.
- o   Yes
- o   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: _____
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.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 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 Dean Kazinci, Human Resource Director Township of Teaneck