

**Township of Hamilton Division of Senior & Veteran Services Transportation
Program**

Title VI Complaint Form

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

Complaint Form

| | | |
|---|--------------------------------------|-------------------------------------|
| Section I : Please write legibly | | |
| Name: | | |
| Address: | | |
| City/State/Zip Code | | |
| Telephone(Home): | Telephone(Cell): | |
| E-Mail Address: | | |
| Accessible Format | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
| Requirements? | <input type="checkbox"/> TDD | <input type="checkbox"/> Other |
| Section II : | | |
| Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If NO, please complete the following information on the person being discriminated against: | | |
| Name: | | |
| Address: | | |
| City/State/Zip Code | | |
| Telephone(Home): | Telephone(Work): | |
| E-Mail Address: | | |
| Relationship for the person to whom you are complaining: | | |
| Please explain why you have filed for a third party: | | |
| | | |
| Please confirm that you have received permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Section III : | | |
| Which of the following best describes the reason you believe the discrimination took place? <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin | | |

() Other

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

Date:

Date:

Date:

Date:

Other:

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.

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: _____

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 _____

Submit form and any additional information to:

Township of Hamilton
Division of Senior & Veteran Services Transportation Program Title VI Program
409 Cypress Lane
Hamilton NJ, 08619