

COUNTY OF HUNTERDON NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

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."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the transportation coordinator at 908 788-1368 for assistance. For complaints concerning the Section 5307 (Small Urban), Section 5310 (Senior and Persons with Disabilities), Section 5311 (Non-Urbanized), Section 5316 (JARC) and Section 5317 (New Freedom) Programs or other grant programs funded by the Federal Transit Administration, complete and return this form to:

Attention: Hunterdon County Administrator
Administrator's Office
PO Box 2900
Flemington, New Jersey, 08822

1. Complainant's Name _____

2. Address _____

3. City, State and Zip Code _____

4. Telephone Number (home) _____ (business) _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your: (check reason)

a. Race/Color _____ c. Age _____

b. National Origin _____ d. Disability _____

e. Other (please specify) _____

7. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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

Complainant's Signature

Date