## Title VI Complaint Form: Atlantic County Government Dated: July 1, 2015

## This form is available at: www.aclink.org

Note: The following information is needed to assist in processing your complaint. Should you need any assistance in the completion of this document you may contact the Atlantic County ADA Monitor at: 609-645-7700 x4386

A. Con	mplainant's information:				
Name	:	_			
Addre	ess:	_			
City/S	tate/Zip Code:				
Teleph	hone Number (Home):				
Teleph	hone Number (Work):				
Email	Address:				
Access	sible Format Requirements? (Select One or More)				
0	Large Print				
0	TDD				
О	Audio Tape				
О	Other				
B. Per	son discriminated against (if someone other than complainant):				
Name:					
Addre	ess:	_			
City/S	tate/Zip Code:				
Telephone Number (Home):					
Teleph	hone Number (Work):				

Email A	ddress:			
Relation	nship to the person for whom yo	u are complaining:		
Please	explain why you have filed for a			-
				-
				-
Please of party.	confirm that you have obtained	the permission of the agg	rieved party if you are	filing on behalf of a third
О	Yes			
0	No			
C. Whi	ch of the following best describe	s the reason you believe	the discrimination too	k place?
R	aceCold	or	_National Origin	
Other:				
				-
D. On v	vhat date(s) did the alleged disc	rimination 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

Name:				
Title:				
Address:				
City/State/Zip Code:			-	
Telephone Number (Home):				
Telephone Number (Work):				
Email Address:			-	
G. Please sign below. You may attach any written complaint.	materials or other in	formation	that you think is relevan	t to you
Signature	Date			
Print name:				
Attachments: YesNo				
H. Submit form and any additional information to	:			
County of Atlantic				
1333 Atlantic Avenue 5 <sup>th</sup> floor				
Atlantic City, NJ 08401				
Attention: Title VI Officer				

If you have checked above, please provide information about a contact person at the agency/court where the

complaint was filed.