TOWNSHIP OF TEANECK
SENIOR/DISABLED TRANSPORTATION SERVICES

Title VI Complaint Form

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: ___________________________________________
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