Title VI Complaint Form: Atlantic County Government
Updated: December 10, 2018

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 (Cristine Chickadel) at: 609-645-7700 x4386 or chickadel_cristine@aclink.org

A. Complainant’s information:

Name: ________________________________________________________________

Address: ______________________________________________________________

City/State/Zip Code: _____________________________________________________

Telephone Number (Home): ________________________________

Telephone Number (Work): ________________________________

Email Address: _________________________________________________________

Accessible Format Requirements? (Select One or More)

- Large Print
- TDD
- Audio Tape
- 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 (line F), 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:________________________
Print name: ________________________________

Attachments: Yes___________ No____________

H. Submit form and any additional information to:

County of Atlantic

1333 Atlantic Avenue 5th floor

Atlantic City, NJ 08401

Attention: Title VI Officer (Edward Kyle)