

**Title VI Complaint Form: Atlantic County Government**

**Updated: December 10, 2018**

**This form is available at: [www.aclink.org](http://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](mailto:chickadel_cristine@aclink.org)**

A. Complainant's information:

Name:

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Address:

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City/State/Zip Code:

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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:

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Address:

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City/State/Zip Code:

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Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

Email Address:

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Relationship to the person for whom you are complaining:

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Please explain why you have filed for a third party:

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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

C. Which of the following best describes the reason you believe the discrimination took place?

\_\_\_\_\_Race

\_\_\_\_\_Color

\_\_\_\_\_National Origin

Other:

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Other:

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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.

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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 5<sup>th</sup> floor

Atlantic City, NJ 08401

Attention: Title VI Officer (Edward Kyle)