

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. 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.

- Yes
- 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: _____

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 _____

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