



Title VI Complaint Form Pertaining to Transportation Services

Policy 2.1004 Non-Discrimination Complaint Form Pertaining to Transportation

Note: The following information is needed to assist in processing the complaint.

A. Complainant 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



Federal Agency _____
Federal Court _____
State Agency _____
State Court _____
Local Agency _____
Other _____

If affirmative, 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: Brookdale Community College, 765 Newman Springs Road, Lincroft, NJ 07738 Attention: AVP, HR or via email psensi@brookdalecc.edu.