

## <u>Title VI Complaint Form Pertaining to Transportation Services</u> 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) o Large Print o TDD
o Audio Tape
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



Signed Authorization Letter is attached: Yes No		
C. Which of the follow place?	ing best describes the reason yo	ou believe the discrimination took
Race	Color	National Origin
Other:		
Explain what happened the alleged discriminat who were involved. In discriminated against y	•	ormation of the person(s) who and contact information of any

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?



Federal Agency Federal Court State Agency State Court Local Agency	-
Other	
If affirmative, please provide inforwhere the complaint was filed.	mation about a contact person at the agency/court
Name:	
Title:	
Address:	
Telephone Number (Home):	
Telephone Number (Work):	
G. Please sign below. You may a you think is relevant to your comp	ttach any written materials or other information that plaint.
Signature	Date
Attachments: Yes	No
•	al information to: Brookdale Community College, 765 NJ 07738 Attention: AVP, HR or via email