



Title VI Complaint Form Pertaining to Transportation Services

Policy 2.1005 The ADA Complaint Form Pertaining to Transportation

Americans with Disabilities Act Complaint Form

Brookdale Community College is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 ("ADA"). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist the College in processing the complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the AVP, HR, at psensi@brookdalecc.edu telephone: 732 224 2234.

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. If someone other than Complainant, identify the person discriminated against due to an alleged or actual disability:

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

Signed Authorization Letter is attached: Yes No

D. Please describe the alleged acts of discrimination relating to transportation services. Explain what happened and whom you believe was responsible. Who has knowledge of the alleged discrimination and date(s) of alleged discrimination? Describe all people 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.

E. 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 yes, 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: _____

F. 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 _____

G. Submit this 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.